

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF MINNESOTA

Case number (if known) Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/19

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Imperial Plastics, Incorporated

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 41-1857952

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

c/o Ballard Spahr LLP  
2000 IDS Center, 80 S. 8th St.  
Minneapolis, MN 55402

Number, Street, City, State & ZIP Code

Hennepin

County

c/o 12400 Coit Road, Ste. 900  
Dallas, TX 75251

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor **Imperial Plastics, Incorporated**  
Name

Case number (if known)

**7. Describe debtor's business**

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

3261

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

☒ Chapter 7

☐ Chapter 9

☐ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625 (amount subject to adjustment on 4/01/22 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

☒ No.

☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

☒ No

☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **Imperial Plastics, Incorporated**  
Name

Case number (if known)

**11. Why is the case filed in this district?**

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other

**Where is the property?**

Number, Street, City, State & ZIP Code

**Is the property insured?**

☐ No

☐ Yes. Insurance agency

Contact name

Phone

**Statistical and administrative information**

**13. Debtor's estimation of available funds**

Check one:

☐ Funds will be available for distribution to unsecured creditors.

☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

**14. Estimated number of creditors**

☐ 1-49

☐ 50-99

☐ 100-199

☐ 200-999

☒ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

**15. Estimated Assets**

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☒ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

**16. Estimated liabilities**

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☒ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor **Imperial Plastics, Incorporated**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

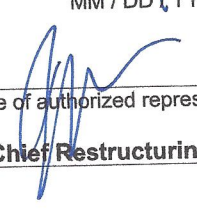
The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 8/20/2020  
MM/DD/YYYY

**X**   
Signature of authorized representative of debtor  
Title **Chief Restructuring Officer**

**Timothy Hassenger**  
Printed name

**18. Signature of attorney**

**X** /s/ George H. Singer  
Signature of attorney for debtor

Date 08/20/2020  
MM/DD/YYYY

**George H. Singer**  
Printed name

**Ballard Spahr LLP**  
Firm name

**2000 IDS Center, 80 S. 8th St.  
Minneapolis, MN 55402**  
Number, Street, City, State & ZIP Code

Contact phone (612) 371-3211

Email address singerg@ballardspahr.com

**0262043 MN**  
Bar number and State

Fill in this information to identify the case:

Debtor name Imperial Plastics, Incorporated

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 202

## Declaration Under Penalty of Perjury for Non-Individual Debtors

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An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

### Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☒ Other document that requires a declaration **See attached Addendum.**

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

8/20/2020

X

Signature of individual signing on behalf of debtor

Timothy Hassenger

Printed name

Chief Restructuring Officer

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Imperial Plastics, Incorporated

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ 319,385.35

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ 319,385.35

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 19,040,550.77

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 0.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 7,713,404.57

4. **Total liabilities** .....  
Lines 2 + 3a + 3b

\$ 26,753,955.34

**Fill in this information to identify the case:**

Debtor name Imperial Plastics, Incorporated

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

# Official Form 206A/B

## Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

### Part 1: Cash and cash equivalents

#### 1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

#### 2. Cash on hand

**\$0.00**

#### 3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **BMO Harris Bank**

**Operating Account**

**4247**

**\$77,237.53**

#### 4. Other cash equivalents (Identify all)

#### 5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$77,237.53**

### Part 2: Deposits and Prepayments

#### 6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.  
☒ Yes Fill in the information below.

#### 7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. **See attached Addendum (Prepaid Expenses and Deposits)**

**\$242,147.82**

#### 8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

Debtor Imperial Plastics, Incorporated Case number (If known) \_\_\_\_\_  
Name

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

**\$242,147.82**

**Part 3: Accounts receivable**

10. **Does the debtor have any accounts receivable?**

- ☒ No. Go to Part 4.  
☐ Yes Fill in the information below.

**Part 4: Investments**

13. **Does the debtor own any investments?**

- ☐ No. Go to Part 5.  
☒ Yes Fill in the information below.

			Valuation method used for current value	Current value of debtor's interest
14.	<b>Mutual funds or publicly traded stocks not included in Part 1</b>			
	Name of fund or stock:			
15.	<b>Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture</b>			
	Name of entity:	% of ownership		
15.1.	The company owns the stock of its subsidiary, "GBR Holding Corp".	100 %	N/A	\$0.00

16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**  
Describe:

17. **Total of Part 4.**

Add lines 14 through 16. Copy the total to line 83.

**\$0.00**

**Part 5: Inventory, excluding agriculture assets**

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.  
☐ Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☒ No. Go to Part 8.  
☐ Yes Fill in the information below.

**Part 8: Machinery, equipment, and vehicles**

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.



Debtor Imperial Plastics, Incorporated Case number (If known) \_\_\_\_\_  
Name

☐ Yes Fill in the information below.

**Part 9: Real property**

54. Does the debtor own or lease any real property?

☒ No. Go to Part 10.  
☐ Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

☐ No. Go to Part 11.  
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites "imperialplastics.com" was the company's official website.	\$0.00	N/A	\$0.00

62. Licenses, franchises, and royalties

63. Customer lists, mailing lists, or other compilations

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?

☒ No  
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

☒ No  
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

☒ No  
☐ Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.  
☐ Yes Fill in the information below.

Debtor Imperial Plastics, Incorporated Case number (If known) \_\_\_\_\_  
Name

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$77,237.53</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$242,147.82</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$0.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<u>+</u> <u>\$0.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$319,385.35</u>	<u>+</u> 91b. <u>\$0.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$319,385.35</u>

Fill in this information to identify the case:

Debtor name **Imperial Plastics, Incorporated**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	<b>Ankura Trust Company, LLC</b> <small>Creditor's Name</small> <b>(as agent)</b> <b>140 Sherman Street, 4th Floor</b> <b>Fairfield, CT 06824</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b> <b>06/25/2019</b> <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. <b>1. MidCap Funding IV Trust</b> <b>2. Ankura Trust Company, LLC</b>	<b>Describe debtor's property that is subject to a lien</b> <b>All assets</b>  <b>Describe the lien</b>  <b>Is the creditor an insider or related party?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$11,522,585.69</b>	<b>\$0.00</b>

2.2	<b>MidCap Funding IV Trust</b> <small>Creditor's Name</small> <b>(as agent)</b> <b>7255 Woodmount Avenue, Ste 200</b> <b>Bethesda, MD 20814</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b>	<b>Describe debtor's property that is subject to a lien</b> <b>All assets</b>  <b>Describe the lien</b>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	<b>\$7,517,965.08</b>	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated**  
Name

Case number (if know)

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No

☒ Yes. Specify each creditor, including this creditor and its relative priority.

**Specified on line 2.1**

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$19,040,550.**

**77**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**MidCap Funding IV Trust  
(as agent)**

Line **2.1**

**Fill in this information to identify the case:**

Debtor name Imperial Plastics, Incorporated

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	<b>Nonpriority creditor's name and mailing address</b> <b>1777 OAKDALE PROPERTY LLC</b> <b>C/O AVI LEVI</b> <b>1689 OAKDALE AVENUE, SUITE #102</b> <b>WEST ST. PAUL, MN 55118</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.2	<b>Nonpriority creditor's name and mailing address</b> <b>1ST PRIORITY SERVICES INC</b> <b>PO BOX 730440</b> <b>DALLAS, TX 75373-0440</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.3	<b>Nonpriority creditor's name and mailing address</b> <b>2 POINT 2 TOOL</b> <b>PO BOX 1291</b> <b>LAKEVILLE, MN 55044</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$78,076.09</b>
3.4	<b>Nonpriority creditor's name and mailing address</b> <b>20 20 CUSTOM MOLDED PLASTICS</b> <b>14620 SELWYN DRIVE</b> <b>HOLIDAY CITY, OH 43543</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.5	<b>Nonpriority creditor's name and mailing address</b> <b>3D SOLUTIONS INC</b> <b>3530 - 88TH AVE. NE</b> <b>BLAINE, MN 55014</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.6	<b>Nonpriority creditor's name and mailing address</b> <b>3M COMPANY</b> <b>PO BOX 33121</b> <b>ST PAUL, MN 55133</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.7	<b>Nonpriority creditor's name and mailing address</b> <b>A &amp; A SEPTIC SERVICE LLC</b> <b>1786 SHERWOOD ST</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.8	<b>Nonpriority creditor's name and mailing address</b> <b>A H HERMEL COMPANY</b> <b>P.O. BOX 447</b> <b>MANKATO, MN 56002-0447</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.9	<b>Nonpriority creditor's name and mailing address</b> <b>A LOCKSMITH</b> <b>1105 ADAMS STREET</b> <b>MANKATO, MN 56001</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.10	<b>Nonpriority creditor's name and mailing address</b> <b>A1 ENGINEERING</b> <b>9506 FOLEY BLVD</b> <b>COON RAPIDS, MN 55433</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.11	<b>Nonpriority creditor's name and mailing address</b> <b>AARON MURRAY</b> <b>610 PARK AVENUE</b> <b>P.O. BOX 194</b> <b>SANDSTONE, MN 55072</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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<b>3.12</b>	<b>Nonpriority creditor's name and mailing address</b> <b>AARON PETERSON TRUCKING</b> <b>42233 ARLONE ROAD</b> <b>HINCKLEY, MN 55037</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<b>3.13</b>	<b>Nonpriority creditor's name and mailing address</b> <b>AARON WILLIAMS</b> <b>6708 570TH STREET</b> <b>PINE CITY, MN 55063</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<b>3.14</b>	<b>Nonpriority creditor's name and mailing address</b> <b>ACC PLASTICS MACHINERY CORPORATION</b> <b>48 WEST SHORE ROAD</b> <b>MOUNTAIN LAKES, NJ 07046</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<b>3.15</b>	<b>Nonpriority creditor's name and mailing address</b> <b>ACCESS PACKAGING INC</b> <b>PO BOX 11</b> <b>HASTINGS, MN 55033</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<b>3.16</b>	<b>Nonpriority creditor's name and mailing address</b> <b>ACCOUNTING PRINCIPALS INC</b> <b>DEPT CH 14031</b> <b>PALATINE, IL 60055</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<b>3.17</b>	<b>Nonpriority creditor's name and mailing address</b> <b>ACCURATE COLOR &amp; COMPOUNDING</b> <b>1666 DEARBORN AVENUE</b> <b>AURORA, IL 60505</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<b>3.18</b>	<b>Nonpriority creditor's name and mailing address</b> <b>ACCURATE COMPONENT SALES</b> <b>SDS 12-1957</b> <b>PO BOX 86</b> <b>MINNEAPOLIS, MN 55486</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,524.56</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.19	<b>Nonpriority creditor's name and mailing address</b> <b>ACCURATE PRODUCTS INC</b> <b>4645 N RAVENSWOOD AVENUE</b> <b>CHICAGO, IL 60640</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.20	<b>Nonpriority creditor's name and mailing address</b> <b>ACD LLC</b> <b>2321 SO. PULLMAN ST.#H</b> <b>SANTA ANA, CA 92705-5506</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.21	<b>Nonpriority creditor's name and mailing address</b> <b>ACE HARDWARE</b> <b>43 UNION STREET NORTH</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$429.61</b>
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3.22	<b>Nonpriority creditor's name and mailing address</b> <b>ACE HARDWARE &amp; PAINT</b> <b>PO BOX 1281</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$446.09</b>
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3.23	<b>Nonpriority creditor's name and mailing address</b> <b>ACROMAT</b> <b>806 8TH STREET</b> <b>GOTHENBURG, NE 69138</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.24	<b>Nonpriority creditor's name and mailing address</b> <b>ACROTECH OF MINNESOTA</b> <b>5140 MOUNDVIEW DRIVE</b> <b>RED WING, MN 55066</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.25	<b>Nonpriority creditor's name and mailing address</b> <b>ACRYLIC DESIGN</b> <b>NW 7778PO BOX 1450</b> <b>MINNEAPOLIS, MN 55485-7778</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.26	<b>Nonpriority creditor's name and mailing address</b> <b>ACTION PLUS SIGN COMPANY</b> <b>6955 146TH STREET</b> <b>APPLE VALLEY, MN 55124</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.27	<b>Nonpriority creditor's name and mailing address</b> <b>ADAMS MAGNETIC PRODUCTS COMPANY</b> <b>888 LARCH AVENUE</b> <b>ELMHURST, IL 60126</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.28	<b>Nonpriority creditor's name and mailing address</b> <b>ADP INC</b> <b>1851 N RESLER DRIVE MS-100</b> <b>EL PASO, TX 79912</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.29	<b>Nonpriority creditor's name and mailing address</b> <b>ADVANCED COATING SYSTEMS</b> <b>2258 TERMINAL ROAD</b> <b>ROSEVILLE, MN 55113</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.30	<b>Nonpriority creditor's name and mailing address</b> <b>ADVANCED INSPECTION SERVICES</b> <b>15150 25TH AVE N</b> <b>SUITE 200</b> <b>MINNEAPOLIS, MN 55447</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,125.00</b>
3.31	<b>Nonpriority creditor's name and mailing address</b> <b>ADVANCED MACHINING AND AUTOMATION</b> <b>1505 W BARTON LANE</b> <b>MOUNT PLEASANT, IA 52641</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.32	<b>Nonpriority creditor's name and mailing address</b> <b>ADVANCED PACKAGING AND PLASTICS</b> <b>7177 COMMERCE CIRCLE WEST</b> <b>FRIDLEY, MN 55432</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,080.48</b>

Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.33	<b>Nonpriority creditor's name and mailing address</b> <b>ADVANCED POLYMER ALLOYS</b> <b>24089 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1240</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.34	<b>Nonpriority creditor's name and mailing address</b> <b>ADVANTAGE COATING INC</b> <b>884 ARBOR DRIVE</b> <b>CHASKA, MN 55318</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.35	<b>Nonpriority creditor's name and mailing address</b> <b>ADVANTAGE ELECTRONICS</b> <b>PO BOX 407</b> <b>GREENWOOD, IN 46143</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.36	<b>Nonpriority creditor's name and mailing address</b> <b>ADVANTAGE ENGINEERING INC</b> <b>2461 RELIABLE PARKWAY</b> <b>CHICAGO, IL 60686-0024</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,029.00</b>
3.37	<b>Nonpriority creditor's name and mailing address</b> <b>AECOM TECHNICAL SERVICES</b> <b>AN AECOM COMPANY</b> <b>1178 PAYSHERE CIRCLE</b> <b>CHICAGO, IL 60674</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.38	<b>Nonpriority creditor's name and mailing address</b> <b>AERO MATERIAL HANDLING</b> <b>103 PLEASANT STREET</b> <b>ANOKA, MN 55303</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.39	<b>Nonpriority creditor's name and mailing address</b> <b>AEROTEK COMMERCIAL STAFFING</b> <b>PO BOX 198531</b> <b>ATLANTA, GA 30384-8531</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24,786.90</b>

Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.40	<b>Nonpriority creditor's name and mailing address</b> <b>AFI INDUSTRIES</b> <b>PO BOX 846</b> <b>BEDFORD PARK, IL 60499-0846</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.41	<b>Nonpriority creditor's name and mailing address</b> <b>AGC NETWORKS INC</b> <b>945 BROADWAY ST NE, SUITE 100</b> <b>MINNEAPOLIS, MN 55413-1471</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.42	<b>Nonpriority creditor's name and mailing address</b> <b>AGGRESSIVE HYDRAULICS INC</b> <b>18800 ULYSSES STREET NE</b> <b>PO BOX 187</b> <b>CEDAR, MN 55011</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.43	<b>Nonpriority creditor's name and mailing address</b> <b>AGRI INDUSTRIAL PLASTICS CO</b> <b>301 NORTH 22ND ST</b> <b>FAIRFIELD, IA 52556</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.44	<b>Nonpriority creditor's name and mailing address</b> <b>AGRITEK INDUSTRIES dba LAKE MICHIGAN WIR</b> <b>LAKE MICHIGAN WIRE TECHNOLOGIES</b> <b>4211 HALLACY DR.</b> <b>HOLLAND, MI 49424</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$920.98</b>
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3.45	<b>Nonpriority creditor's name and mailing address</b> <b>AILCO EQUIPMENT FINANCE GROUP INC</b> <b>W222N833 CHEANEY RD</b> <b>WAUKESHA, WI 53186</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.46	<b>Nonpriority creditor's name and mailing address</b> <b>AIR AUTOMATION</b> <b>230 COMMERCE CIRCLE S</b> <b>FRIDLEY, MN 55432</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,223.53</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.47	<b>Nonpriority creditor's name and mailing address</b> <b>AIR CLEANING TECHNOLOGY</b> <b>13310 INDUSTRIAL PARK BLV</b> <b>SUITE 195</b> <b>PLYMOUTH, MN 55441</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.48	<b>Nonpriority creditor's name and mailing address</b> <b>AIR ENGINEERING AND SUPPLY</b> <b>7521 COMMERCE LANE NE</b> <b>PO BOX 32397</b> <b>FRIDLEY, MN 55432</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.49	<b>Nonpriority creditor's name and mailing address</b> <b>AIR HYDRAULIC SYSTEMS INC</b> <b>P.O. BOX 8660351</b> <b>MINNEAPOLIS, MN 55486-0351</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.50	<b>Nonpriority creditor's name and mailing address</b> <b>AIR LAKE MACHINE &amp; WELDING</b> <b>21710 GRENADA AVENUE</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$393.86</b>
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3.51	<b>Nonpriority creditor's name and mailing address</b> <b>AIR LAND TRANSPORT SERVICE</b> <b>PO BOX 968</b> <b>1020 WEST BIRCHWOOD AVE.</b> <b>MORTON, IL 61550</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.52	<b>Nonpriority creditor's name and mailing address</b> <b>AIRCORPS LLC</b> <b>2230 TERMINAL ROAD</b> <b>ST. PAUL, MN 55113</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.53	<b>Nonpriority creditor's name and mailing address</b> <b>AIRGAS NORTH CENTRAL</b> <b>PO BOX 734445</b> <b>CHICAGO, IL 60673-4445</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22,640.10</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.54	<b>Nonpriority creditor's name and mailing address</b> <b>AIRLAKE AUTOMOTIVE REPAIR</b> <b>21155 HAMBURG AVE</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.55	<b>Nonpriority creditor's name and mailing address</b> <b>AIRLAKE TRUCK SERVICE LLC</b> <b>21225 HAMBURG AVE</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.56	<b>Nonpriority creditor's name and mailing address</b> <b>AIRMITTE DEVICES INC</b> <b>608 LONG LAKE</b> <b>ROUND LAKE, IL 60073</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.57	<b>Nonpriority creditor's name and mailing address</b> <b>AIRTECH THERMEX INC</b> <b>4918 W. 35TH ST.</b> <b>ST. LOUIS PARK, MN 55416</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,544.59</b>
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3.58	<b>Nonpriority creditor's name and mailing address</b> <b>AK MATERIAL HANDLING SYSTEMS</b> <b>8630 MONTICELLO LANE NORTH</b> <b>MAPLE GROVE, MN 55369</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.59	<b>Nonpriority creditor's name and mailing address</b> <b>ALAN EDEL OIL SERVICE</b> <b>6965 DENNISON BLVD</b> <b>NORTHFIELD, MN 55057</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.60	<b>Nonpriority creditor's name and mailing address</b> <b>ALAN LUPTON ASSOCIATES INC</b> <b>343 N. MAIN STREET</b> <b>SUITE 201</b> <b>CANANDAIGUA, NY 14424</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.61	<b>Nonpriority creditor's name and mailing address</b> <b>ALBA ENTERPRISES</b> <b>2730 MONTEREY STREET</b> <b>SUITE 103</b> <b>TORRANCE, CA 90503</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.62	<b>Nonpriority creditor's name and mailing address</b> <b>ALBANY STEEL &amp; BRASS CORP</b> <b>6784 EAGLE WAY</b> <b>CHICAGO, IL 60678-1678</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.63	<b>Nonpriority creditor's name and mailing address</b> <b>ALEX AIR APPARATUS INC</b> <b>11897 CO. RD. 87 SE</b> <b>ALEXANDRIA, MN 56308</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.64	<b>Nonpriority creditor's name and mailing address</b> <b>ALEX EBERHARDT</b> <b>17 UNION STREET</b> <b>APT. 4</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.65	<b>Nonpriority creditor's name and mailing address</b> <b>ALEXANDER &amp; ASSOCIATES</b> <b>2751 HENNEPIN AVENUE</b> <b>SUITE 307</b> <b>MINNEAPOLIS, MN 55408</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.66	<b>Nonpriority creditor's name and mailing address</b> <b>ALIGNEX INC</b> <b>7200 METRO BLVD.</b> <b>EDINA, MN 55439</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.67	<b>Nonpriority creditor's name and mailing address</b> <b>ALL AMERICAN TOWING</b> <b>465 POPLAR STREET</b> <b>MANKATO, MN 56001</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.68	<b>Nonpriority creditor's name and mailing address</b> <b>ALL COVERED</b> <b>DEPT. 33163</b> <b>P.O. BOX 39000</b> <b>SAN FRANCISCO, CA 94139-3163</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.69	<b>Nonpriority creditor's name and mailing address</b> <b>ALL FREIGHT SERVICES</b> <b>5311 SCHNEIDER RD</b> <b>NEWBURGH, IN 47630</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.70	<b>Nonpriority creditor's name and mailing address</b> <b>ALL POINTS CAPITAL CORP</b> <b>PO BOX 3071</b> <b>HICKSVILLE, NY 11802-3071</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.71	<b>Nonpriority creditor's name and mailing address</b> <b>ALL WORLD MACHINERY SUPPLY</b> <b>6164 ALL WORLD WAY</b> <b>ROSCOE, IL 61073</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.72	<b>Nonpriority creditor's name and mailing address</b> <b>ALLEGHENY MATERIAL HANDLING INC</b> <b>2301 DUSS AVENUE</b> <b>BUILDING 14</b> <b>AMBRIDGE, PA 15003</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.73	<b>Nonpriority creditor's name and mailing address</b> <b>ALLIANCE POLYMERS AND SERVICES</b> <b>30735 CYPRESS ROAD SUITE 400</b> <b>ROMULUS, MI 48174</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.74	<b>Nonpriority creditor's name and mailing address</b> <b>ALLIED ELECTRONICS</b> <b>ACCTS RECEIVABLE DEPT</b> <b>PO BOX 2325</b> <b>FORT WORTH, TX 76113-2325</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,211.94</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.75	<b>Nonpriority creditor's name and mailing address</b> <b>ALLINA HEALTH</b> <b>NW 629601 PO BOX 1450</b> <b>MINNEAPOLIS, MN 55485-6296</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.76	<b>Nonpriority creditor's name and mailing address</b> <b>ALLSTATE SALES &amp; LEASING</b> <b>P.O. BOX 270710</b> <b>MINNEAPOLIS, MN 55427</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.77	<b>Nonpriority creditor's name and mailing address</b> <b>ALLTECH ENGINEERING CORP</b> <b>2515 PILOT KNOB ROAD</b> <b>MENDOTA HEIGHTS, MN 55120</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.78	<b>Nonpriority creditor's name and mailing address</b> <b>ALPI USA INC</b> <b>700 NICHOLAS BOULEVARD SUITE 411</b> <b>ELK GROVE VILLAGE, IL 60007</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.79	<b>Nonpriority creditor's name and mailing address</b> <b>ALS LOCK &amp; KEY</b> <b>20374 EAVES WAY</b> <b>FARMINGTON, MN 55024</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.80	<b>Nonpriority creditor's name and mailing address</b> <b>ALTHOFF &amp; NORDQUIST LLC</b> <b>505 SECOND STREET</b> <b>PINE CITY, MN 55063</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.81	<b>Nonpriority creditor's name and mailing address</b> <b>AMCO POLYMERS LLC</b> <b>P.O. BOX 935387</b> <b>ATLANTA, GA 31193-5387</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$63,859.81</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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<b>3.82</b>	<b>Nonpriority creditor's name and mailing address</b> <b>AMERICAN DOOR WORKS</b> <b>2150 FRONTAGE RD S</b> <b>WAITE PARK, MN 56387</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<b>3.83</b>	<b>Nonpriority creditor's name and mailing address</b> <b>AMERICAN FLEXIBLE PRODUCTS INC</b> <b>124 PEAVEY CIRCLE</b> <b>CHASKA, MN 55318</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<b>3.84</b>	<b>Nonpriority creditor's name and mailing address</b> <b>AMERICAN GENERAL LIFE INSURANCE CO</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<b>3.85</b>	<b>Nonpriority creditor's name and mailing address</b> <b>AMERICAN LABEL &amp; TAG INC</b> <b>PO BOX 85488</b> <b>WESTLAND, MI 48185</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<b>3.86</b>	<b>Nonpriority creditor's name and mailing address</b> <b>AMERICRAFT CARTON INC</b> <b>PO BOX 83209</b> <b>CHICAGO, IL 60691-0209</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<b>3.87</b>	<b>Nonpriority creditor's name and mailing address</b> <b>AMERIPRIDE LINEN &amp; APPAREL</b> <b>PO BOX 3100</b> <b>BEMIDJI, MN 56619-3100</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<b>3.88</b>	<b>Nonpriority creditor's name and mailing address</b> <b>AMERISTAR MFG INC</b> <b>2600 9TH AVENUE</b> <b>MANKATO, MN 56001</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.89	<b>Nonpriority creditor's name and mailing address</b> <b>AMPACET CORPORATION</b> <b>24426 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1244</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.90	<b>Nonpriority creditor's name and mailing address</b> <b>AMS INC</b> <b>9248 230TH ST. N.</b> <b>FOREST LAKE, MN 55025</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.91	<b>Nonpriority creditor's name and mailing address</b> <b>AMY HENDRY</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.92	<b>Nonpriority creditor's name and mailing address</b> <b>ANA BRIONES</b> <b>14750 W. BURNSVILLE PKWY.</b> <b>LOT 122</b> <b>BURNSVILLE, MN 55306</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.93	<b>Nonpriority creditor's name and mailing address</b> <b>ANCHOR PAPER CO</b> <b>480 BROADWAY STREET</b> <b>ST PAUL, MN 55101-2410</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,790.00</b>
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3.94	<b>Nonpriority creditor's name and mailing address</b> <b>ANDERBERG INNOVATIVE PRINT SOLUTIONS</b> <b>6999 OXFORD STREET</b> <b>ST LOUIS PARK, MN 55426-4507</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.95	<b>Nonpriority creditor's name and mailing address</b> <b>ANDERSON &amp; KOCH FORD INC</b> <b>5577 ST. CROIX TRAIL</b> <b>PO BOX 158</b> <b>NORTH BRANCH, MN 55056</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.96	<b>Nonpriority creditor's name and mailing address</b> <b>ANDERSON ASSOCIATES SERVICE</b> <b>200 OLD COUNTY CIRCLE</b> <b>SUITE 116</b> <b>WINDSOR LOCKS, CT 06096</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$553.40</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.97	<b>Nonpriority creditor's name and mailing address</b> <b>ANDERSON AUTOMATICS INC</b> <b>6401 WELCOME AVENUE NORTH</b> <b>MINNEAPOLIS, MN 55429-2092</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.98	<b>Nonpriority creditor's name and mailing address</b> <b>ANDERSON COPPER &amp; BRASS</b> <b>LOCK BOX 98138</b> <b>CHICAGO, IL 60693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.99	<b>Nonpriority creditor's name and mailing address</b> <b>ANDERSON KEITH A</b> <b>1020 E MAPLE AVE</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.100	<b>Nonpriority creditor's name and mailing address</b> <b>ANDY CRISMAN</b> <b>2959 HORNET STREET</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.101	<b>Nonpriority creditor's name and mailing address</b> <b>ANGELA FISCHER</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.102	<b>Nonpriority creditor's name and mailing address</b> <b>ANGIE JOHNSON</b> <b>26248 RIVERVIEW DRIVE</b> <b>MORA, MN 55052</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.103	<b>Nonpriority creditor's name and mailing address</b> <b>ANGIE ZRIBI</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.104	<b>Nonpriority creditor's name and mailing address</b> <b>ANGLE INDUSTRIES INC</b> <b>560 MAPLE STREET</b> <b>PO BOX 678</b> <b>BALDWIN, WI 54002</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.105	<b>Nonpriority creditor's name and mailing address</b> <b>ANKURA TRUST COMPANY</b> <b>214 NORTH MAIN STREET</b> <b>CONCORD, NH 03301</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.106	<b>Nonpriority creditor's name and mailing address</b> <b>ANTHONY GERLACH</b> <b>541 WESTVIEW DRIVE</b> <b>APT. 207</b> <b>HASTINGS, MN 55033</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.107	<b>Nonpriority creditor's name and mailing address</b> <b>APACHE HOSE &amp; RUBBER</b> <b>PO BOX 1802</b> <b>CEDAR RAPIDS, IA 52406-1802</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.108	<b>Nonpriority creditor's name and mailing address</b> <b>APG MEDIA OF SO MINNESOTA LLC</b> <b>514 CENTRAL AVENUE</b> <b>FARIBAULT, MN 55021-4304</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.109	<b>Nonpriority creditor's name and mailing address</b> <b>API SUPPLY LIFTS</b> <b>624 ARTHUR ST</b> <b>MINNEAPOLIS, MN 55413</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> Name	Case number (if known) _____
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3.110	<b>Nonpriority creditor's name and mailing address</b> <b>APICS</b> <b>PO BOX 4050</b> <b>CAROL STREAM, IL 60197-4050</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.111	<b>Nonpriority creditor's name and mailing address</b> <b>APP BUDDY</b> <b>DEPT CH 17384</b> <b>PALATINE, IL 60055-7384</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.112	<b>Nonpriority creditor's name and mailing address</b> <b>APPLE VALLEY MEDICAL CLINIC</b> <b>14655 GALAXIE AVENUE</b> <b>APPLE VALLEY, MN 55124</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,065.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.113	<b>Nonpriority creditor's name and mailing address</b> <b>APPLIED GD&amp;T, LLC</b> <b>PO BOX 367</b> <b>ST. MICHAEL, MN 55376</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.114	<b>Nonpriority creditor's name and mailing address</b> <b>APPLIED INDUSTRIAL TECHNOLOGIES</b> <b>22510 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1225</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.115	<b>Nonpriority creditor's name and mailing address</b> <b>APPLIED PLASTICS COMPANY INC</b> <b>7320 S 6TH ST</b> <b>OAK CREEK, WI 53154</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$3,090.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.116	<b>Nonpriority creditor's name and mailing address</b> <b>APPLIED POWER PRODUCTS, INC</b> <b>1240 TRAPP ROAD</b> <b>EAGAN, MN 55121-1217</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.117	<b>Nonpriority creditor's name and mailing address</b> <b>APPLIED PRODUCTS</b> <b>3208 MOMENTUM PLACE</b> <b>CHICAGO, IL 60689-5332</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.118	<b>Nonpriority creditor's name and mailing address</b> <b>APPRO DEVELOPMENT</b> <b>21476 GRENADA AVENUE</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,853.00</b>
3.119	<b>Nonpriority creditor's name and mailing address</b> <b>APT CNC INC</b> <b>320 E INDUSTRIAL ST</b> <b>KASOTA, MN 56050</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.120	<b>Nonpriority creditor's name and mailing address</b> <b>ARC IRRIGATION</b> <b>330 N EMERSON ST</b> <b>CAMBRIDGE, MN 55008</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.121	<b>Nonpriority creditor's name and mailing address</b> <b>ARCTIC CAT</b> <b>600 BROOKS AVENUE SOUTH</b> <b>THIEF RIVER FALLS, MN 56701</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.122	<b>Nonpriority creditor's name and mailing address</b> <b>ARKEMA INC</b> <b>DEPT-3822</b> <b>PO BOX 123822</b> <b>DALLAS, TX 75312-3822</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,520.00</b>
3.123	<b>Nonpriority creditor's name and mailing address</b> <b>ARLINGTON MACHINERY</b> <b>2020 ESTES AVENUE</b> <b>ELK GROVE VILLAGE, IL 60007</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor	<b>Imperial Plastics, Incorporated</b> Name	Case number (if known) _____
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3.124	<b>Nonpriority creditor's name and mailing address</b> <b>ARMOLOY OF ILLINOIS INC</b> <b>118 SIMONDS AVENUE</b> <b>DEKALB, IL 60115</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.125	<b>Nonpriority creditor's name and mailing address</b> <b>ARMORY CAPITAL</b> <b>100 WEST UNIVERSITY AVENUE</b> <b>4TH FLOOR</b> <b>CHAMPAIGN, IL 61820</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.126	<b>Nonpriority creditor's name and mailing address</b> <b>ARMSTRONG ROOFING AND CONSTRUCTION</b> <b>26360 RUM RIVER DRIVE NW</b> <b>ISANTI, MN 55040</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.127	<b>Nonpriority creditor's name and mailing address</b> <b>ARROW CRYOGENICS INC</b> <b>1671-93RD LANE N.E.</b> <b>BLAINE, MN 55449</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.128	<b>Nonpriority creditor's name and mailing address</b> <b>ARROW TOOL</b> <b>2564 HWY 70</b> <b>BRAHAM, MN 55066</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.129	<b>Nonpriority creditor's name and mailing address</b> <b>ART PAPE TRANSFER, INC.</b> <b>1080 E 12TH ST</b> <b>DUBUQUE, IA 52001</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.130	<b>Nonpriority creditor's name and mailing address</b> <b>ASAHI KASEI PLASTICS</b> <b>DEPT # 77600</b> <b>PO BOX #77000</b> <b>DETROIT, MI 48277-7600</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$222,199.56</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.131	<b>Nonpriority creditor's name and mailing address</b> <b>ASCENTIS GROUP</b> <b>11040 MAIN STREET SUITE 101</b> <b>BELLEVUE, WA 98004</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.132	<b>Nonpriority creditor's name and mailing address</b> <b>ASHAPURI MAA LLC dba AMERICINN</b> <b>1877 FRONTAGE ROAD</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.133	<b>Nonpriority creditor's name and mailing address</b> <b>ASHTABULA RUBBER CO</b> <b>PO BOX 398</b> <b>ASHTABULA, OH 44005-0398</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.134	<b>Nonpriority creditor's name and mailing address</b> <b>ASHWORTH AUDIO &amp; ELECT</b> <b>1855 FRONTAGE ROAD</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.135	<b>Nonpriority creditor's name and mailing address</b> <b>ASLIS</b> <b>5801 DULUTH STREET</b> <b>SUITE 106</b> <b>GOLDEN VALLEY, MN 55422</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.136	<b>Nonpriority creditor's name and mailing address</b> <b>ASPEN RESEARCH CORP</b> <b>8401 JEFFERSON HIGHWAY</b> <b>MAPLE GROVE, MN 55369</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.137	<b>Nonpriority creditor's name and mailing address</b> <b>ASPEN STORAGE</b> <b>PATRICK R MASTEY</b> <b>2759 CLEARWATER ROAD</b> <b>ST CLOUD, MN 56301-5952</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes



Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.138	<b>Nonpriority creditor's name and mailing address</b> <b>ASSOCIATED BAG</b> <b>PO BOX 8820</b> <b>CAROL STREAM, IL 60197-8820</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.139	<b>Nonpriority creditor's name and mailing address</b> <b>ASSOCIATED INTEGRATED SUPPLY CHAIN</b> <b>SOLUT</b> <b>7954 SOLUTION CENTER</b> <b>CHICAGO, IL 60677-7009</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$544.43</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.140	<b>Nonpriority creditor's name and mailing address</b> <b>ASSOCIATED SPRING RAYMOND</b> <b>DEPT CH 14115</b> <b>PALATINE, IL 60055-4115</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.141	<b>Nonpriority creditor's name and mailing address</b> <b>ASTLEFORD INTERNATIONAL</b> <b>12541 DUPONT AVENUE SO</b> <b>BURNSVILLE, MN 55337</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.142	<b>Nonpriority creditor's name and mailing address</b> <b>ASTON CARTER, INC.</b> <b>3689 COLLECTION CENTER DRIVE</b> <b>CHICAGO, IL 60693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$18,709.32</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.143	<b>Nonpriority creditor's name and mailing address</b> <b>AT&amp;T MOBILITY</b> <b>PO BOX 6463</b> <b>CAROL STREAM, IL 60197-6463</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$4.45</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.144	<b>Nonpriority creditor's name and mailing address</b> <b>ATLAS STAFFING IN</b> <b>102 E. LAKE STREET</b> <b>MINNEAPOLIS, MN 55408</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$36,498.77</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.145	<b>Nonpriority creditor's name and mailing address</b> <b>ATRIX INTERNATIONAL INC</b> <b>1350 LARC INDUSTRIAL BLVD</b> <b>BURNSVILLE, MN 55337</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.146	<b>Nonpriority creditor's name and mailing address</b> <b>ATS, INC</b> <b>LBX 7130</b> <b>PO BOX 1450</b> <b>MINNEAPOLIS, MN 55485</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.147	<b>Nonpriority creditor's name and mailing address</b> <b>AUBRIGHT INC</b> <b>6305 GLENN CARLSON DRIVE</b> <b>ST. CLOUD, MN 56301</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.148	<b>Nonpriority creditor's name and mailing address</b> <b>AURELIUS MFG. CO., INC</b> <b>PO BOX 508</b> <b>BRAHAM, MN 55006</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.149	<b>Nonpriority creditor's name and mailing address</b> <b>AURORA PLASTICS dba ELASTOCON TPE TECHNO</b> <b>140 LEOMINSTER-SHIRLEY ROAD SUTIE</b> <b>100</b> <b>LUNENBURG, MA 01462</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,717.50</b>
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3.150	<b>Nonpriority creditor's name and mailing address</b> <b>AURORA PLASTICS/ S&amp;E SPECIALTY POLYMERS</b> <b>140 LEOMINSTER-SHIRLEY ROAD, SUITE 100</b> <b>LUNENBURG, MA 01462</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.151	<b>Nonpriority creditor's name and mailing address</b> <b>AUSTIN GREGSON</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.152	<b>Nonpriority creditor's name and mailing address</b> <b>AUTO VALU MORA</b> <b>824 FOREST AVE EAST</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,231.38</b>
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3.153	<b>Nonpriority creditor's name and mailing address</b> <b>AUTODESK INC.</b> <b>C/O CITI BANK</b> <b>PO BOX 2188</b> <b>CAROL STREAM, IL 60132-2188</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.154	<b>Nonpriority creditor's name and mailing address</b> <b>AUTOMATED PACKAGING SYSTEM</b> <b>PO BOX 643916</b> <b>CINCINNATI, OH 45264-3916</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.155	<b>Nonpriority creditor's name and mailing address</b> <b>AUTOMATION DIRECT COM</b> <b>PO BOX 402417</b> <b>ATLANTA, GA 30384-2417</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$447.75</b>
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3.156	<b>Nonpriority creditor's name and mailing address</b> <b>AUTOMATION INC</b> <b>4830 AZELIA AVE. N.</b> <b>MINNEAPOLIS, MN 55429</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.157	<b>Nonpriority creditor's name and mailing address</b> <b>AUTOMATION SENSORS</b> <b>14000 SUNFISH LAKE BLVD, NW</b> <b>SUITE 202</b> <b>RAMSEY, MN 55303</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.158	<b>Nonpriority creditor's name and mailing address</b> <b>AVAYA FINANCIAL SERVICES</b> <b>PO BOX 93000</b> <b>CHICAGO, IL 60673-3000</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.159	<b>Nonpriority creditor's name and mailing address</b> <b>AVTEC FINISHING SYSTEMS INC</b> <b>NW 5956, P.O. BOX 1450</b> <b>MINNEAPOLIS, MN 55485</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.160	<b>Nonpriority creditor's name and mailing address</b> <b>AW PAINTING, LLC</b> <b>13813 YORK AVE SOUTH</b> <b>BURNSVILLE, MN 55337</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.161	<b>Nonpriority creditor's name and mailing address</b> <b>AWARD STAFFING SERVICES</b> <b>PO BOX 160</b> <b>HOPKINS, MN 55343-0160</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.162	<b>Nonpriority creditor's name and mailing address</b> <b>AWT LABELS AND PACKAGING</b> <b>600 HOOVER ST NE, SUITE 500</b> <b>MINNEAPOLIS, MN 55413</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,170.20</b>
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3.163	<b>Nonpriority creditor's name and mailing address</b> <b>B &amp; F FASTENER SUPPLY</b> <b>7100 SUNWOOD DR NW</b> <b>RAMSEY, MN 55303</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.164	<b>Nonpriority creditor's name and mailing address</b> <b>B.L. DALSIN ROOFING</b> <b>9201 - 52ND AVENUE NORTH</b> <b>MINNEAPOLIS, MN 55428</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.165	<b>Nonpriority creditor's name and mailing address</b> <b>BAC INDUSTRIES</b> <b>PO BOX 5236</b> <b>MINNEAPOLIS, MN 55343-5236</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.166	<b>Nonpriority creditor's name and mailing address</b> <b>BACH POLYMERS</b> <b>PO BOX 3059</b> <b>STONY CREEK, CT 06405</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.167	<b>Nonpriority creditor's name and mailing address</b> <b>BACHMANS</b> <b>6010 LYNDAL AVE SOUTH</b> <b>MINNEAPOLIS, MN 55419-2289</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.168	<b>Nonpriority creditor's name and mailing address</b> <b>BACKER HEATING TECHNOLOGIES INC</b> <b>1390 GATEWAY DRIVE</b> <b>ELGIN, IL 60124</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,220.60</b>
3.169	<b>Nonpriority creditor's name and mailing address</b> <b>BACON FELT INC</b> <b>361 WALSH AVENUE</b> <b>NEW WINDOSR, NY 12553</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.170	<b>Nonpriority creditor's name and mailing address</b> <b>BAKER BOTTS LLP</b> <b>PO BOX 301251</b> <b>DALLAS, TX 75303-1251</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.171	<b>Nonpriority creditor's name and mailing address</b> <b>BALLARD SPAHR LLP</b> <b>SDS-12-3077</b> <b>PO BOX 86</b> <b>MINNEAPOLIS, MN 55486-3077</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.172	<b>Nonpriority creditor's name and mailing address</b> <b>BAMBERGER POLYMERS INC</b> <b>1334 SOLUTIONS CENTER</b> <b>CHICAGO, IL 60677-1003</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$229,058.80</b>

Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.173	<b>Nonpriority creditor's name and mailing address</b> <b>BAN KOE SYSTEMS INC</b> <b>9401 JAMES AVE S SUITE 180</b> <b>MINNEAPOLIS, MN 55431</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,147.86</b>
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3.174	<b>Nonpriority creditor's name and mailing address</b> <b>BARR ENGINEERING CO</b> <b>4300 MARKETPOINTE DRIVE SUITE 200</b> <b>MINNEAPOLIS, MN 55435</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.175	<b>Nonpriority creditor's name and mailing address</b> <b>BARREL &amp; SCREW INTERNATIONAL CORP.</b> <b>2985 44TH AVE N</b> <b>ST PETERSBURG, FL 33714</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.176	<b>Nonpriority creditor's name and mailing address</b> <b>BARRY AND SEWALL</b> <b>PO BOX 50</b> <b>MINNEAPOLIS, MN 55440</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.177	<b>Nonpriority creditor's name and mailing address</b> <b>BATTERIES PLUS</b> <b>8639 EAGLE CREEK CIRCLE</b> <b>SAVAGE, MN 55378-1284</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.178	<b>Nonpriority creditor's name and mailing address</b> <b>BAUER COMPRESSORS INC</b> <b>1328 AZALEA GARDEN RD</b> <b>NORFOLK, VA 23502</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24,950.00</b>
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3.179	<b>Nonpriority creditor's name and mailing address</b> <b>BAUER INDUSTRIAL PRODUCTS</b> <b>1104 WEST MAIN</b> <b>MARSHALL, MN 56258</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$29,798.74</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.180	<b>Nonpriority creditor's name and mailing address</b> <b>BAUER PLASTICS TECHNOLOGY</b> <b>36830 METRO COURT</b> <b>STERLING HEIGHTS, MI 48312</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.181	<b>Nonpriority creditor's name and mailing address</b> <b>BCS INDUSTRIAL SOLUTIONS</b> <b>4090 HWY 49</b> <b>GLEN ULLIN, ND 58631</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.182	<b>Nonpriority creditor's name and mailing address</b> <b>BEAMISH METAL WORKS LLC</b> <b>30469 180TH STREET</b> <b>ISLE, MN 56342</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.183	<b>Nonpriority creditor's name and mailing address</b> <b>BEAR TECHNOLOGIES INC</b> <b>1316 DEWEY AVENUE</b> <b>ROCHESTER, NY 14613</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.184	<b>Nonpriority creditor's name and mailing address</b> <b>BEAUDRY PROPANE</b> <b>630 PROCTOR AVENUE NW</b> <b>ELK RIVER, MN 55330</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$790.73</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.185	<b>Nonpriority creditor's name and mailing address</b> <b>BEAUMONT DEVELOPMENT LLC</b> <b>1524 EAST 10TH STREET</b> <b>ERIE, PA 16511</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.186	<b>Nonpriority creditor's name and mailing address</b> <b>BECKMAN COULTER</b> <b>200 SOUTH KRAEMER BOULEVARD</b> <b>BREA, CA 92821</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> Name	Case number (if known) _____
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3.187	<b>Nonpriority creditor's name and mailing address</b> <b>BEES INDUSTRIAL</b> <b>1214 5TH STREET SOUTH</b> <b>HOPKINS, MN 55343</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$6,319.45</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.188	<b>Nonpriority creditor's name and mailing address</b> <b>BELFORD ELECTRIC</b> <b>1589 - 210TH AVE</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.189	<b>Nonpriority creditor's name and mailing address</b> <b>BELLE PLAINE HERALD</b> <b>PO BOX 7, 113 E MAIN</b> <b>BELLE PLAINE, MN 56011</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.190	<b>Nonpriority creditor's name and mailing address</b> <b>BENDA CORP</b> <b>13657 10TH STREET SW</b> <b>COKATO, MN 55321</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.191	<b>Nonpriority creditor's name and mailing address</b> <b>BENEFIT SOLUTIONS CONSULT</b> <b>5722 HICKORY PLAZA DRIVE</b> <b>NASHVILLE, TN 37211</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.192	<b>Nonpriority creditor's name and mailing address</b> <b>BENNETT MATERIAL HANDLING</b> <b>1009 HILL STREET</b> <b>HOPKINS, MN 55343-2099</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.193	<b>Nonpriority creditor's name and mailing address</b> <b>BENNING, INC.</b> <b>1700 99TH LANE NE</b> <b>BLAINE, MN 55449</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.194	<b>Nonpriority creditor's name and mailing address</b> <b>BERCOM INTERNATIONAL</b> <b>2460 GALPIN COURT SUITE 110</b> <b>CHANHASSEN, MN 55317</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.195	<b>Nonpriority creditor's name and mailing address</b> <b>BERKNESS SWISS LLC</b> <b>1320 LARC INDUSTRIAL BLVD</b> <b>BURNSVILLE, MN 55337</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.196	<b>Nonpriority creditor's name and mailing address</b> <b>BERMO INC</b> <b>4501 BALL ROAD NE</b> <b>CIRCLE PINES, MN 55014</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.197	<b>Nonpriority creditor's name and mailing address</b> <b>BERNE, INC</b> <b>2200 EDGEWOOD AVE S</b> <b>MINNEAPOLIS, MN 55426</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,680.89</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.198	<b>Nonpriority creditor's name and mailing address</b> <b>BERNICK'S FULL-LINE VENDING INC</b> <b>PO BOX 7457</b> <b>ST CLOUD, MN 56302-7457</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$291.84</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.199	<b>Nonpriority creditor's name and mailing address</b> <b>BERRANG</b> <b>1013 ROBINSON ROAD</b> <b>GREER, SC 29651</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.200	<b>Nonpriority creditor's name and mailing address</b> <b>BEST &amp; FLANAGAN LLP</b> <b>60 SOUTH 6TH STREET</b> <b>SUITE 2700</b> <b>MINNEAPOLIS, MN 55402</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.201	<b>Nonpriority creditor's name and mailing address</b> <b>BEST CARRY CORP</b> <b>NO. 6, LANE 596, SEC. 1, MEICUN RD</b> <b>WEST DISTRICT</b> <b>TAICHUNG CITY 00403</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,307.50</b>
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3.202	<b>Nonpriority creditor's name and mailing address</b> <b>BETTERLEY INDUSTRIES INC</b> <b>PO BOX 490518</b> <b>BLAINE, MN 55449-0518</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.203	<b>Nonpriority creditor's name and mailing address</b> <b>BIBLIOTHECA LLC</b> <b>3169 HOLCOMB BRIDGE ROAD #200</b> <b>NORCROSS, GA 30071</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.204	<b>Nonpriority creditor's name and mailing address</b> <b>BIG ASS SOLUTIONS</b> <b>PO BOX 638767</b> <b>CINCINNATI, OH 45263-8767</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.205	<b>Nonpriority creditor's name and mailing address</b> <b>BIG CHIEF INC</b> <b>PO BOX 632373</b> <b>CINCINNATI, OH 45263-2373</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,672.80</b>
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3.206	<b>Nonpriority creditor's name and mailing address</b> <b>BILL FIEBELKORN</b> <b>62 S. Maple Avenue</b> <b>Le Center, MN 56057</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.207	<b>Nonpriority creditor's name and mailing address</b> <b>BILL KNAEBLE</b> <b>16511 FERNANDO WAY</b> <b>ROSEMOUNT, MN 55068</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.208	<b>Nonpriority creditor's name and mailing address</b> <b>BILL MATTES DRYWALL LLC</b> <b>52702 409TH AVENUE</b> <b>NORTH MANKATO, MN 56003</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.209	<b>Nonpriority creditor's name and mailing address</b> <b>BILL VERHAIGH</b> <b>1608 ARLINGTON AVENUE EAST</b> <b>SAINT PAUL, MN 55106</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.210	<b>Nonpriority creditor's name and mailing address</b> <b>BITE TECH INC</b> <b>20 GLOVER AVENUE FIRST FLOOR</b> <b>NORWALK, CT 06850</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.211	<b>Nonpriority creditor's name and mailing address</b> <b>BLADES MACHINERY CO INC</b> <b>750 NICHOLAS BLVD</b> <b>ELK GROVE, IL 60007</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$775.62</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.212	<b>Nonpriority creditor's name and mailing address</b> <b>BLAINE BROTHERS MAINTENANCE INC</b> <b>10011 XYLITE ST NE</b> <b>MINNEAPOLIS, MN 55449</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.213	<b>Nonpriority creditor's name and mailing address</b> <b>BLISS MACHINE LTD</b> <b>528 STILES COURT</b> <b>DARIEN, WI 53114</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.214	<b>Nonpriority creditor's name and mailing address</b> <b>BLK ELECTRIC INC</b> <b>1990 LOOKOUT DRIVE</b> <b>NORTH MANKATO, MN 56003</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.215	<b>Nonpriority creditor's name and mailing address</b> <b>BLM LANDSCAPING LLC</b> <b>31468 LONDON DRIVE NE</b> <b>CAMBRIDGE, MN 55008</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.216	<b>Nonpriority creditor's name and mailing address</b> <b>BLOOMBERG BNA</b> <b>PO BOX 17009</b> <b>BALTIMORE, MD 21297-1009</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.217	<b>Nonpriority creditor's name and mailing address</b> <b>BLUE COMPACTOR SERVICES</b> <b>8984 215TH ST W</b> <b>PO BOX 769</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.218	<b>Nonpriority creditor's name and mailing address</b> <b>BLUE EARTH COUNTY</b> <b>PO BOX 3567</b> <b>MANKATO, MN 56002-3567</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.219	<b>Nonpriority creditor's name and mailing address</b> <b>BME TOOL INC</b> <b>101 DELAWARE STREET S.E.</b> <b>LONSDALE, MN 55046</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$34,884.00</b>
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3.220	<b>Nonpriority creditor's name and mailing address</b> <b>BMO HARRIS</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.221	<b>Nonpriority creditor's name and mailing address</b> <b>BMO HARRIS BANK N.A.</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.222	<b>Nonpriority creditor's name and mailing address</b> <b>BMS BURNS</b> <b>PO BOX 492</b> <b>MEDINA, OH 44258</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.223	<b>Nonpriority creditor's name and mailing address</b> <b>BOB JOHNSON</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.224	<b>Nonpriority creditor's name and mailing address</b> <b>BOB MEYER</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.225	<b>Nonpriority creditor's name and mailing address</b> <b>BOBS LAWN SERVICE</b> <b>601 W. KENYON ST</b> <b>KASOTA, MN 56050</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.226	<b>Nonpriority creditor's name and mailing address</b> <b>BOHLER UDDEHOLM CORPORATION</b> <b>PO BOX 75827</b> <b>CHICAGO, IL 60675-5827</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.227	<b>Nonpriority creditor's name and mailing address</b> <b>BOKERS INC</b> <b>3104 SNELLING AVE</b> <b>MINNEAPOLIS, MN 55406-1937</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.228	<b>Nonpriority creditor's name and mailing address</b> <b>BOLGER VISION BEYOND PRINT</b> <b>PO BOX 85098</b> <b>CHICAGO, IL 60680-0898</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,078.89</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.229	<b>Nonpriority creditor's name and mailing address</b> <b>BORENE LAW FIRM PA</b> <b>GLOBAL IMMIGRATION GROUP</b> <b>3950 IDS CENTER</b> <b>MINNEAPOLIS, MN 55402</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.230	<b>Nonpriority creditor's name and mailing address</b> <b>BOSCH AUTOMOTIVE SERVICE</b> <b>655 EISENHOWER DRIVE</b> <b>OWATONNA, MN 55060</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.231	<b>Nonpriority creditor's name and mailing address</b> <b>BOSSARD NORTH AMERICA INC</b> <b>BOX 78043</b> <b>MILWAUKEE, WI 53278-0043</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$349.58</b>
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3.232	<b>Nonpriority creditor's name and mailing address</b> <b>BOYER TRUCKS</b> <b>PO BOX 18338</b> <b>MINNEAPOLIS, MN 55418</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.233	<b>Nonpriority creditor's name and mailing address</b> <b>BRAAS COMPANY</b> <b>7970 WALLACE ROAD</b> <b>EDEN PRAIRIE, MN 55344</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.234	<b>Nonpriority creditor's name and mailing address</b> <b>BRABAZON PUMP COMPANY LTD</b> <b>PO BOX 10827</b> <b>GREEN BAY, WI 54307-0827</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.235	<b>Nonpriority creditor's name and mailing address</b> <b>BRAD MARTIN &amp; ASSOCIATES INC</b> <b>5353 WAYZATA BLVD SUITE 403</b> <b>MINNEAPOLIS, MN 55416</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.236	<b>Nonpriority creditor's name and mailing address</b> <b>BRAD STILL</b> <b>407 DIVISION STREET S.</b> <b>MORRISTOWN, MN 55052</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.237	<b>Nonpriority creditor's name and mailing address</b> <b>BRAEMER INC</b> <b>1285 CORPORATE CENTER DRIVE SUITE 150</b> <b>EAGAN, MN 55121</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.238	<b>Nonpriority creditor's name and mailing address</b> <b>BRAIN ANDERSON</b> <b>D/B/A B A ENTERPRISES</b> <b>1995 ANN RIVER DRIVE</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.239	<b>Nonpriority creditor's name and mailing address</b> <b>BRANSON ULTRASONICS CORP</b> <b>PO BOX 73174</b> <b>CHICAGO, IL 60673-7174</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,348.35</b>
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3.240	<b>Nonpriority creditor's name and mailing address</b> <b>BREAN MARKETING</b> <b>180 DE BAETS ST.</b> <b>WINNIPEG, MB R2J 3W6</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.241	<b>Nonpriority creditor's name and mailing address</b> <b>BRENNTAG GREAT LAKES</b> <b>52200 EAGLE WAY</b> <b>CHICAGO, IL 60678-1522</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.242	<b>Nonpriority creditor's name and mailing address</b> <b>BRIAN DAVID JACKLEY</b> <b>20925 JUNCO TRAIL</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> Name	Case number (if known) _____
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3.243	<b>Nonpriority creditor's name and mailing address</b> <b>BRIAN GIBSON</b> <b>165 S OPDKYE ROAD LOT 73</b> <b>AUBURN, MI 48326</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.244	<b>Nonpriority creditor's name and mailing address</b> <b>BRIAN OLSON</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.245	<b>Nonpriority creditor's name and mailing address</b> <b>BRIMAR TOOL &amp; ENGINEERING</b> <b>7615 BAKER STREET N.E.</b> <b>FRIDLEY, MN 55432</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.246	<b>Nonpriority creditor's name and mailing address</b> <b>BRO TEX</b> <b>800 HAMPDEN AVE</b> <b>ST. PAUL, MN 55114-1299</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$479.56</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.247	<b>Nonpriority creditor's name and mailing address</b> <b>BROWN MACHINE LLC</b> <b>BIN 88413</b> <b>MILWAUKEE, MN 53288</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.248	<b>Nonpriority creditor's name and mailing address</b> <b>BROWNS PLUMBING</b> <b>1984 AMARYLLIS CT</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.249	<b>Nonpriority creditor's name and mailing address</b> <b>BROWNSWORTH</b> <b>4155 BERKSHIRE LANE SUITE 200</b> <b>PLYMOUTH, MN 55446</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.250	<b>Nonpriority creditor's name and mailing address</b> <b>BRUCE A LUNDEEN LLP</b> <b>21005 HERON WAY</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.251	<b>Nonpriority creditor's name and mailing address</b> <b>BRYAN GODSEY</b> <b>10101 205TH COURT WEST</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.252	<b>Nonpriority creditor's name and mailing address</b> <b>BRYAN PATTERSON</b> <b>609 LOWER HERITAGE WAY</b> <b>FARMINGTON, MN 55024</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.253	<b>Nonpriority creditor's name and mailing address</b> <b>BTD MANUFACTURING, INC.</b> <b>SDS 12-1569 P.O. BOX 86</b> <b>MINNEAPOLIS, MN 55486</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$36,363.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.254	<b>Nonpriority creditor's name and mailing address</b> <b>BUCKEYE BUSINESS PRODUCTS</b> <b>P.O. BOX 92340</b> <b>CLEVELAND, OH 44193</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.255	<b>Nonpriority creditor's name and mailing address</b> <b>BUNTING MAGNETICS CO.</b> <b>C/O UMB Bank</b> <b>PO BOX 877814</b> <b>KANSAS CITY, MO 64187-7814</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>7125</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.256	<b>Nonpriority creditor's name and mailing address</b> <b>BYFUGLIEN TRUCKING INC.</b> <b>PO BOX 397</b> <b>ROSEAU, MN 56751</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$305.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.257	<b>Nonpriority creditor's name and mailing address</b> <b>BYK GARDNER USA</b> <b>25098 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1098</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.258	<b>Nonpriority creditor's name and mailing address</b> <b>BYM ELECTRONICS INC</b> <b>27625 CHICAGO TRAIL</b> <b>NEW CARLISLE, IN 46552</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.259	<b>Nonpriority creditor's name and mailing address</b> <b>C &amp; H DISTRIBUTORS</b> <b>22133 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1221</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.260	<b>Nonpriority creditor's name and mailing address</b> <b>C &amp; S SUPPLY CO INC</b> <b>1951 NORTH RIVERFRONT DRIVE</b> <b>MANKATO, MN 56001-3199</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.261	<b>Nonpriority creditor's name and mailing address</b> <b>C &amp; S VENDING COMPANY</b> <b>PO BOX 876</b> <b>FARIBAULT, MN 55021</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.262	<b>Nonpriority creditor's name and mailing address</b> <b>C H ROBINSON INTERNATIONAL INC</b> <b>PO BOX 9121</b> <b>MINNEAPOLIS, MN 55480-9121</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,528.33</b>
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3.263	<b>Nonpriority creditor's name and mailing address</b> <b>C.C. SHARROW CO. INC</b> <b>301 COUNTY RD E2 WEST</b> <b>NEW BRIGHTON, MN 55112</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,199.14</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.264	<b>Nonpriority creditor's name and mailing address</b> <b>C.E. GOBEIL</b> <b>715 RAYMOND AVE</b> <b>ST PAUL, MN 55114-1744</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.265	<b>Nonpriority creditor's name and mailing address</b> <b>CADY BUILDING MAINTENANCE INC</b> <b>9220 BASS LAKE ROAD # 360</b> <b>NEW HOPE, MN 55428</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,681.52</b>
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3.266	<b>Nonpriority creditor's name and mailing address</b> <b>CAE SERVICES CORP</b> <b>280 BELLEVIEW LANE</b> <b>BATAVIA, IL 60504</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.267	<b>Nonpriority creditor's name and mailing address</b> <b>CALVIN BRENDUEHL WELDING &amp; MFG</b> <b>PO BOX 231</b> <b>FARIBAULT, MN 55021</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.268	<b>Nonpriority creditor's name and mailing address</b> <b>CAMBRIDGE METALS &amp; PLASTICS</b> <b>DEPT. #2365</b> <b>PO BOX 11407</b> <b>BIRMINGHAM, AL 35246-2365</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.269	<b>Nonpriority creditor's name and mailing address</b> <b>CAN AM INTEGRATION</b> <b>9108 DECATUR AVE. S.</b> <b>BLOOMINGTON, MN 55438-1433</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.270	<b>Nonpriority creditor's name and mailing address</b> <b>CANDICE EISEL</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.271	<b>Nonpriority creditor's name and mailing address</b> <b>CANDIE PENAS</b> <b>1531 REGATTA DRIVE</b> <b>SAINT PAUL, MN 55125</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.272	<b>Nonpriority creditor's name and mailing address</b> <b>CANNON ELECTRIC MOTOR</b> <b>128 4TH STREET S</b> <b>CANNON FALLS, MN 55009</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.273	<b>Nonpriority creditor's name and mailing address</b> <b>CANNON EQUIPMENT</b> <b>15100 BUSINESS PKWY</b> <b>ROSEMOUNT, MN 55068</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.274	<b>Nonpriority creditor's name and mailing address</b> <b>CAPITAL EQUIPMENT &amp; HANDLING INC</b> <b>PO BOX 28518</b> <b>CHICAGO, IL 60673-8518</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.275	<b>Nonpriority creditor's name and mailing address</b> <b>CAPITAL ONE BANK</b> <b>C/O MESSERLI KRAMER</b> <b>3033 CAMPUS DR., STE. 250</b> <b>MINNEAPOLIS, MN 55441-2662</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$473.96</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.276	<b>Nonpriority creditor's name and mailing address</b> <b>CAPPLUGS WEST</b> <b>PO BOX 104</b> <b>BUFFALO, NY 14240-0104</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.277	<b>Nonpriority creditor's name and mailing address</b> <b>CAPP INC</b> <b>PO BOX 127</b> <b>CLIFTON HEIGHTS, PA 19018-0127</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.278	<b>Nonpriority creditor's name and mailing address</b> <b>CAPP SEVILLE INC</b> <b>7951 12TH AVENUE SOUTH</b> <b>BLOOMINGTON, MN 55425</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$31,262.90</b>
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3.279	<b>Nonpriority creditor's name and mailing address</b> <b>CARDINAL PRODUCTS</b> <b>C/O DIANE KEADLE</b> <b>4595 N. LEE HIGHWAY</b> <b>FAIRFAX, VA 24435</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.280	<b>Nonpriority creditor's name and mailing address</b> <b>CARL MISKA</b> <b>14742 COLORADO AVENUE</b> <b>ROSEMOUNT, MN 55068</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.281	<b>Nonpriority creditor's name and mailing address</b> <b>CARLISLE FOODSERVICE PRODUCTS</b> <b>4711 E. HEFNER</b> <b>OKLAHOMA CITY, OK 73131</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.282	<b>Nonpriority creditor's name and mailing address</b> <b>CARLSON, JERRY</b> <b>1020 MAPLE</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.283	<b>Nonpriority creditor's name and mailing address</b> <b>CARLTON-BATES</b> <b>PO BOX 676182</b> <b>DALLS, TX 75267</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.284	<b>Nonpriority creditor's name and mailing address</b> <b>CARLY MAY FOUNDATION</b> <b>6189 169TH STREET WEST</b> <b>FARMINGTON, MN 55024</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.285	<b>Nonpriority creditor's name and mailing address</b> <b>CAROLINA COLOR</b> <b>P.O. BOX 734198</b> <b>CHIGAGO, IL 60673-4198</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.286	<b>Nonpriority creditor's name and mailing address</b> <b>CASS SCREW MACHINE</b> <b>4800 N. LILAC DRIVE</b> <b>BROOKLYN CENTER, MN 55429-3934</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.287	<b>Nonpriority creditor's name and mailing address</b> <b>CASSANDRA DLUGIEWICZ dba BIG OCEAN CREAT</b> <b>7170 146th STREET W</b> <b>APPLE VALLEY, MN 55124</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.288	<b>Nonpriority creditor's name and mailing address</b> <b>CASWELL CYCLE</b> <b>768 HWY 65 N</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.289	<b>Nonpriority creditor's name and mailing address</b> <b>CATHY PETERSON</b> <b>2635 225TH AVENUE</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.290	<b>Nonpriority creditor's name and mailing address</b> <b>CAVALIER TOOL</b> <b>4401 STECKER AVENUE</b> <b>DEARBORN, MI 48126</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.291	<b>Nonpriority creditor's name and mailing address</b> <b>CC DAY COMPANY</b> <b>3240 WINNETKA AVENUE NO</b> <b>MINNEAPOLIS, MN 55427</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.292	<b>Nonpriority creditor's name and mailing address</b> <b>CCL LABEL DBA CCL DESIGN ELECTRONICS</b> <b>ATTN WORLDMARK A/R</b> <b>17700 FOLTZ PARKWAY</b> <b>STRONGSVILLE, OH 44149</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$6,116.00</b></span>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.293	<b>Nonpriority creditor's name and mailing address</b> <b>CCP INDUSTRIES</b> <b>PO BOX 73627</b> <b>CLEVELAND, OH 44193</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.294	<b>Nonpriority creditor's name and mailing address</b> <b>CDW DIRECT</b> <b>PO BOX 75723</b> <b>CHICAGO, IL 60675-5723</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.295	<b>Nonpriority creditor's name and mailing address</b> <b>CENTERPOINT ENERGY</b> <b>PO BOX 4671</b> <b>HOUSTON, TX 77210-4671</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$4,000.22</b></span>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.296	<b>Nonpriority creditor's name and mailing address</b> <b>CENTRAL DECAL</b> <b>6901 HIGH GROVE BLVD</b> <b>BURR RIDGE, IL 60527-7583</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.297	<b>Nonpriority creditor's name and mailing address</b> <b>CENTRAL MCGOWAN</b> <b>123 ROOSEVELT ROAD</b> <b>ST CLOUD, MN 56301</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.298	<b>Nonpriority creditor's name and mailing address</b> <b>CENTRAL PACKAGING &amp; DISPLAY</b> <b>3901 85TH AVE N</b> <b>MINNEAPOLIS, MN 55443-1906</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.299	<b>Nonpriority creditor's name and mailing address</b> <b>CENTRAL PLASTIC MACHINERY</b> <b>11184 ANTIOCH #315</b> <b>OVERLAND PARK, KS 66210</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.300	<b>Nonpriority creditor's name and mailing address</b> <b>CENTRAL TRANSPORT</b> <b>PO BOX 33299</b> <b>DETROIT, MI 48232</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.301	<b>Nonpriority creditor's name and mailing address</b> <b>CENTURYLINK</b> <b>P.O. BOX 91154</b> <b>SEATTLE, WA 98111-9254</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.302	<b>Nonpriority creditor's name and mailing address</b> <b>CERTIFIED POWER, INC.</b> <b>75 REMITTANCE DRIVE</b> <b>DEPT 3165</b> <b>CHICAGO, IL 60675-3165</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$835.46</b>
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3.303	<b>Nonpriority creditor's name and mailing address</b> <b>CG AUTOMATION &amp; FIXTURE</b> <b>5352 RUSCHE DR. NW</b> <b>COMSTOCK PARK, MI 49321</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.304	<b>Nonpriority creditor's name and mailing address</b> <b>CHANNEL PRIME ALLIANCE</b> <b>pay via ACH</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$38,321.97</b>
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3.305	<b>Nonpriority creditor's name and mailing address</b> <b>CHASE PLASTICS</b> <b>DEPT 231101</b> <b>PO BOX 67000</b> <b>DETROIT, MI 48267-2311</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$130,949.81</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.306	<b>Nonpriority creditor's name and mailing address</b> <b>CHECKER MACHINE INC</b> <b>2701 NEVADA AVE. N.</b> <b>NEW HOPE, MN 55427</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.307	<b>Nonpriority creditor's name and mailing address</b> <b>CHECKPOINT SYSTEMS, INC.</b> <b>PO BOX 742931</b> <b>ATLANTA, GA 30374-2931</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.308	<b>Nonpriority creditor's name and mailing address</b> <b>CHERNE INDUSTRIES</b> <b>5700 LINCOLN DRIVE</b> <b>MINNEAPOLIS, MN 55436</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.309	<b>Nonpriority creditor's name and mailing address</b> <b>CHRIS SAWATZKY</b> <b>19715 JAVA PATH</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.310	<b>Nonpriority creditor's name and mailing address</b> <b>CHRISTENSEN GROUP</b> <b>9855 WEST 78th STREET</b> <b>SUITE 100</b> <b>EDEN PRAIRIE, MN 55344</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.311	<b>Nonpriority creditor's name and mailing address</b> <b>CHROMA CORP.</b> <b>PO BOX 734198</b> <b>CHICAGO, IL 60673-4198</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,465.52</b>
3.312	<b>Nonpriority creditor's name and mailing address</b> <b>CHUBB COMMERCIAL INSURANCE</b> <b>PO BOX 382001</b> <b>PITTSBURGH, PA 15250-8001</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.313	<b>Nonpriority creditor's name and mailing address</b> <b>CINCINNATI TEST SYSTEMS INC</b> <b>10100 PROGRESS WAY</b> <b>HARRISON, OH 45030</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.314	<b>Nonpriority creditor's name and mailing address</b> <b>CINTAS CORPORATION</b> <b>P.O. BOX 650838</b> <b>DALLAS, TX 75265-0838</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,595.31</b>
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3.315	<b>Nonpriority creditor's name and mailing address</b> <b>CISCO SYSTEMS CAPITAL CRP</b> <b>PO BOX 41602</b> <b>PHILADELPHIA, PA 19101-1602</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,963.25</b>
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3.316	<b>Nonpriority creditor's name and mailing address</b> <b>CISCO WEBEX LLC</b> <b>16720 COLLECTIONS CENTER DRIVE</b> <b>CHICAGO, IL 60693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.317	<b>Nonpriority creditor's name and mailing address</b> <b>CITY OF LAKEVILLE</b> <b>20195 HOLYOKE AVENUE</b> <b>LAKEVILLE, MN 55044-9047</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.318	<b>Nonpriority creditor's name and mailing address</b> <b>CITY OF MANKATO</b> <b>PO BOX 860055</b> <b>MINNEAPOLIS, MN 55486-0055</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.319	<b>Nonpriority creditor's name and mailing address</b> <b>CITY OF MORA</b> <b>101 LAKE STREET SOUTH</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> Name	Case number (if known) _____
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3.320	<b>Nonpriority creditor's name and mailing address</b> <b>CLANCEY COMPANY</b> <b>8081 FLINT STREET</b> <b>LENEXA, KS 66214</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$24,184.46</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.321	<b>Nonpriority creditor's name and mailing address</b> <b>CLARIANT PLASTICS &amp; COATINGS USA, INC.</b> <b>DEPT 2212</b> <b>CAROL STREAM, IL 60132-2212</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$98,482.96</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.322	<b>Nonpriority creditor's name and mailing address</b> <b>CLASS C COMPONENTS</b> <b>6825 SUNWOOD DR NW</b> <b>RAMSEY, MN 55303</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$231,354.46</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.323	<b>Nonpriority creditor's name and mailing address</b> <b>CLAUSEN TRUCKING COMPANY, INC</b> <b>2100 SOUTH 21ST STREET</b> <b>STE. A</b> <b>CLINTON, IA 52732</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.324	<b>Nonpriority creditor's name and mailing address</b> <b>CLEAN AIR PRODUCTS</b> <b>8605 WYOMING AVE. N.</b> <b>MINNEAPOLIS, MN 55445</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.325	<b>Nonpriority creditor's name and mailing address</b> <b>CLEANING SORTING &amp; REWORKS DE MEXICO SA</b> <b>C/O IBC BANK</b> <b>2415 S. ZAPATA HWY PO DRAWER 1359</b> <b>LAREDO, TX 78046</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.326	<b>Nonpriority creditor's name and mailing address</b> <b>CLIMATECH</b> <b>PO BOX 221</b> <b>HOPKINS, MN 55343</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.327	<b>Nonpriority creditor's name and mailing address</b> <b>CLOTHIER DESIGN SOURCE</b> <b>165 BRIDGEPOINT DRIVE</b> <b>ST PAUL, MN 55075</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.328	<b>Nonpriority creditor's name and mailing address</b> <b>CLOW STAMPING COMPANY</b> <b>23103 CTY RD 3</b> <b>MERRIFIELD, MN 56465</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.329	<b>Nonpriority creditor's name and mailing address</b> <b>COATING DESIGN GROUP, INC.</b> <b>430 SNIFFENS LANE</b> <b>STRATFORD, CT 06615</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.330	<b>Nonpriority creditor's name and mailing address</b> <b>COBORNS</b> <b>710 FRANKIE LANE</b> <b>MORA, MN 55051-1914</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.331	<b>Nonpriority creditor's name and mailing address</b> <b>COLBY LARSON</b> <b>57190 COUNTRY VIEW LANE</b> <b>PINE CITY, MN 55063</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.332	<b>Nonpriority creditor's name and mailing address</b> <b>COLE HARDER LLP</b> <b>3902 WEST 50TH STREET SUITE A</b> <b>EDINA, MN 55424</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$16,250.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.333	<b>Nonpriority creditor's name and mailing address</b> <b>COLLIERS INTERNATIONAL</b> <b>PO BOX 22149</b> <b>NASHVILLE, TN 37202</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.334	<b>Nonpriority creditor's name and mailing address</b> <b>COLONIAL LIFE</b> <b>PROCESSING CENTER</b> <b>P.O. BOX 1365</b> <b>COLUMBIA, SC 29202-1365</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.335	<b>Nonpriority creditor's name and mailing address</b> <b>COLORS BY CRAIG</b> <b>57249 FOREST BLVD</b> <b>PINE CITY, MN 55063</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.336	<b>Nonpriority creditor's name and mailing address</b> <b>COLORS FOR PLASTICS</b> <b>2245 PRATT BLVD</b> <b>ELK GROVE VILLAGE, IL 60007</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.337	<b>Nonpriority creditor's name and mailing address</b> <b>COLORTRONIC</b> <b>DEPARTMENT 4514</b> <b>CAROL STREAM, IL 60122-4514</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.338	<b>Nonpriority creditor's name and mailing address</b> <b>COLSON GROUP USA</b> <b>PO BOX 91346</b> <b>CHICAGO, IL 60693</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$100,497.92</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.339	<b>Nonpriority creditor's name and mailing address</b> <b>COMBI PACKAGING SYSTEMS LLC CSPD</b> <b>DIV</b> <b>PO BOX 9326</b> <b>CANTON, OH 44711</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.340	<b>Nonpriority creditor's name and mailing address</b> <b>COME AND TAKE IT BBQ</b> <b>11334 292ND COURT</b> <b>PRINCETON, MN 55371</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.341	<b>Nonpriority creditor's name and mailing address</b> <b>COMMAND CENTER INC</b> <b>PO BOX 951753</b> <b>DALLAS, TX 75395-1753</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.342	<b>Nonpriority creditor's name and mailing address</b> <b>COMMERCE LABEL</b> <b>5400 NATHAN LANE # 150</b> <b>PLYMOUTH, MN 55442</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.343	<b>Nonpriority creditor's name and mailing address</b> <b>COMMERCIAL TOOL &amp; DIE INC</b> <b>5351 RUSCHE DR.</b> <b>COMSTOCK PARK, MN 49321</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.344	<b>Nonpriority creditor's name and mailing address</b> <b>COMMERCIAL VEHICLE GROUP INC</b> <b>32029 COLLECTIONS CENTER DRIVE</b> <b>CHICAGO, IL 60693</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$29,023.44</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.345	<b>Nonpriority creditor's name and mailing address</b> <b>COMPRESSED AIR CONCEPTS</b> <b>9815 W 74TH STREET</b> <b>EDEN PRAIRIE, MN 55344</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.346	<b>Nonpriority creditor's name and mailing address</b> <b>COMPUDYNE</b> <b>1524 EAST 37TH STREET</b> <b>HIBBING, MN 55746</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$63,545.99</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.347	<b>Nonpriority creditor's name and mailing address</b> <b>COMPUTER PARTS &amp; PERIPHERALS</b> <b>7625 GOLDEN TRIANGLE DRIVE SUITE K</b> <b>EDEN PRAIRIE, MN 55344</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.348	<b>Nonpriority creditor's name and mailing address</b> <b>CON AIR GROUP</b> <b>PO BOX 644537</b> <b>PITTSBURGH, PA 15264-4537</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,223.90</b>
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3.349	<b>Nonpriority creditor's name and mailing address</b> <b>CONAIR</b> <b>PO BOX 644537</b> <b>PITTSBURGH, PA 15264-4537</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$331.30</b>
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3.350	<b>Nonpriority creditor's name and mailing address</b> <b>CONCEPT CONSULTING &amp; ENGINEERING</b> <b>31196 490TH STREET</b> <b>KASOTA, MN 56050</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.351	<b>Nonpriority creditor's name and mailing address</b> <b>CONCEPT MACHINE TOOL SALES INC</b> <b>15625 MEDINA ROAD</b> <b>MINNEAPOLIS, MN 55447</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.352	<b>Nonpriority creditor's name and mailing address</b> <b>CONCOR TOOL &amp; MACHINE</b> <b>9665 N CONCOR ROAD</b> <b>HAYWARD, WI 54843</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.353	<b>Nonpriority creditor's name and mailing address</b> <b>CONCORDE INTERNATIONAL</b> <b>13805 1ST AVENUE NORTH SU</b> <b>PLYMOUTH, MN 55441</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.354	<b>Nonpriority creditor's name and mailing address</b> <b>CONNOR SMART</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.355	<b>Nonpriority creditor's name and mailing address</b> <b>CONSOLIDATED COMMUNICATIONS</b> <b>PO BOX 3188</b> <b>MILWAUKEE, WI 53201-3188</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.356	<b>Nonpriority creditor's name and mailing address</b> <b>CONSTELLATION ENERGY SERV</b> <b>NATURAL GAS, LLC</b> <b>PO BOX 5473</b> <b>CAROL STREAM, IL 60197-5473</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$38,769.42</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.357	<b>Nonpriority creditor's name and mailing address</b> <b>CONTEMPORARY TOOL</b> <b>14760 HWY 5 &amp; 25</b> <b>YOUNG AMERICA, MN 55397</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.358	<b>Nonpriority creditor's name and mailing address</b> <b>CONTOUR MOLD INC</b> <b>726 QUINN AVENUE NW</b> <b>ELK RIVER, MN 55330</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.359	<b>Nonpriority creditor's name and mailing address</b> <b>CONTRACT INTERIORS INC.</b> <b>120 WEST PLATO BLVD.</b> <b>ST. PAUL, MN 55107</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.360	<b>Nonpriority creditor's name and mailing address</b> <b>CONTROL TECHNOLOGY INC</b> <b>5734 MIDDLEBROOK PIKE</b> <b>KNOXVILLE, TN 37921</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.361	<b>Nonpriority creditor's name and mailing address</b> <b>CONVECTRONICS, INC</b> <b>111 NECK ROAD</b> <b>HAVERHILL, MA 01835</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes



Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.362	<b>Nonpriority creditor's name and mailing address</b> <b>CONVENTUS POLYMERS LLC</b> <b>2001 ROUTE 46</b> <b>SUITE 310</b> <b>PARSIPPANY, NJ 07054</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$216,249.75</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.363	<b>Nonpriority creditor's name and mailing address</b> <b>CONVEYER &amp; CASTER</b> <b>PO BOX # 901802</b> <b>CLEVELAND, OH 44190-1802</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.364	<b>Nonpriority creditor's name and mailing address</b> <b>COORDINATED BUSINESS SYSTEMS</b> <b>851 W 128TH ST</b> <b>BURNSVILLE, MN 55337</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$10,681.27</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.365	<b>Nonpriority creditor's name and mailing address</b> <b>COPIER BUSINESS SOLUTIONS</b> <b>1715 COMMERCE DRIVE</b> <b>NORTH MANKATO, MN 56003</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.366	<b>Nonpriority creditor's name and mailing address</b> <b>CORCENTRIC</b> <b>62861 COLLECTIONS CENTER DRIVE</b> <b>CHICAGO, IL 60693</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$449.97</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.367	<b>Nonpriority creditor's name and mailing address</b> <b>COREY SEPPMANN WELL DRILLING</b> <b>53910 207TH MILITARY ROAD</b> <b>MANKATO, MN 56001</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.368	<b>Nonpriority creditor's name and mailing address</b> <b>CORPORATE STRATEGIES BY SKILLPATH</b> <b>P.O. BOX 803839</b> <b>KANSAS CITY, MO 64180-3839</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.369	<b>Nonpriority creditor's name and mailing address</b> <b>CORPORATION SERVICE COMPANY</b> <b>P.O. BOX 13397</b> <b>PHILADELPHIA, PA 19101-3397</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.370	<b>Nonpriority creditor's name and mailing address</b> <b>CORVAL GROUP</b> <b>1633 EUSTIS STREET</b> <b>ST PAUL, MN 55108</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.371	<b>Nonpriority creditor's name and mailing address</b> <b>COSMO OPTICS</b> <b>D/B/A COSMO OPTICS</b> <b>75 BENJAMIN STREET</b> <b>ALBANY, NY 12202</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.372	<b>Nonpriority creditor's name and mailing address</b> <b>COUNTRY PRIDE CONSTRUCTION LLC</b> <b>1001 1ST AVE E #160</b> <b>CAMBRIDGE, MN 55008</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.373	<b>Nonpriority creditor's name and mailing address</b> <b>COUNTY OF KANABEC</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$45.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.374	<b>Nonpriority creditor's name and mailing address</b> <b>COVERALL OF THE TWIN CITIES</b> <b>8009 34TH AVENUE SOUTH</b> <b>SUITE 10</b> <b>BLOOMINGTON, MN 55425</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.375	<b>Nonpriority creditor's name and mailing address</b> <b>COVESTRO LLC</b> <b>1 COVESTRO CIRCLE</b> <b>PITTSBURGH, PA 15205</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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<b>3.376</b>	<b>Nonpriority creditor's name and mailing address</b> <b>COYOTE LOGISTICS, LLC</b> <b>PO BOX 742636</b> <b>ATLANTA, GA 30374-2636</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
<b>3.377</b>	<b>Nonpriority creditor's name and mailing address</b> <b>CQM VENTURES INC dba ROASTED JOE COFFEE</b> <b>D/B/A ROASTED JOE COFFEE CO</b> <b>3986 NORTHVIEW TERRACE</b> <b>EAGAN, MN 55123</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,532.92</b>
<b>3.378</b>	<b>Nonpriority creditor's name and mailing address</b> <b>CRAFT INC</b> <b>1929 COUNTY STREET</b> <b>PO BOX 3049</b> <b>SOUTH ATTLEBORO, MA 02703-0912</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
<b>3.379</b>	<b>Nonpriority creditor's name and mailing address</b> <b>CRAFT PATTERN AND MOLD INC</b> <b>60- 3RD STREET SOUTH</b> <b>MONTROSE, MN 55363</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
<b>3.380</b>	<b>Nonpriority creditor's name and mailing address</b> <b>CRAFTED PLASTICS INC</b> <b>P.O. BOX 327</b> <b>SHEBOYGAN, WI 53082-0327</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,362.80</b>
<b>3.381</b>	<b>Nonpriority creditor's name and mailing address</b> <b>CRAIG C PEARTHREE</b> <b>3124 IRVING AVE SOUTH</b> <b>MINNEAPOLIS, MN 55408</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
<b>3.382</b>	<b>Nonpriority creditor's name and mailing address</b> <b>CRAIG STEVE SCOTT</b>   Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$29,206.80</b>

Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.383	<b>Nonpriority creditor's name and mailing address</b> <b>CRESA MINNEAPOLIS</b> <b>920 SECOND AVENUE SOUTH</b> <b>SUITE 900</b> <b>MINNEAPOLIS, MN 55402</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.384	<b>Nonpriority creditor's name and mailing address</b> <b>CRESCENT ELECTRIC SUPPLY</b> <b>PO BOX 500</b> <b>EAST DUBUQUE, IL 61025-4418</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$821.74</b>
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3.385	<b>Nonpriority creditor's name and mailing address</b> <b>CRI ENVIRONMENTAL SOLUTIONS</b> <b>PO BOX 194</b> <b>WOODVILLE, WI 54028</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$690.10</b>
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3.386	<b>Nonpriority creditor's name and mailing address</b> <b>CRISTINA PANKONIN</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.387	<b>Nonpriority creditor's name and mailing address</b> <b>CROWN LIFT TRUCKS</b> <b>PO BOX 641173</b> <b>CINCINNATI, OH 45264-1173</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.388	<b>Nonpriority creditor's name and mailing address</b> <b>CROWN PACKAGING</b> <b>P.O. BOX 17806M</b> <b>ST. LOUIS, MO 63195</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.389	<b>Nonpriority creditor's name and mailing address</b> <b>CROWN ROLL LEAF</b> <b>ACCESS CAPITAL INC</b> <b>405 PARK AVENUE 16TH FLOOR</b> <b>NEW YORK CITY, NY 10022</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.390	<b>Nonpriority creditor's name and mailing address</b> <b>CRYSTAL FINISHING SYSTEMS</b> <b>2610 ROSS AVE.</b> <b>SCHOFIELD, WI 54476</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.391	<b>Nonpriority creditor's name and mailing address</b> <b>CRYSTAL M REYNOLDS</b> <b>2853 HWY. 65</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.392	<b>Nonpriority creditor's name and mailing address</b> <b>CSG</b> <b>24428 GREENWAY AVE.</b> <b>FOREST LAKE, MN 55025</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,280.50</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.393	<b>Nonpriority creditor's name and mailing address</b> <b>CSI TESTING, INC.</b> <b>14020 23RD AVENUE NORTH</b> <b>PLYMOUTH, MN 55447</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.394	<b>Nonpriority creditor's name and mailing address</b> <b>CSP DELIVERY INC.</b> <b>P.O. BOX 120511</b> <b>ST. PAUL, MN 55112</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.395	<b>Nonpriority creditor's name and mailing address</b> <b>CT CORPORATION</b> <b>PO BOX 4349</b> <b>CAROL STREAM, IL 60197</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.396	<b>Nonpriority creditor's name and mailing address</b> <b>CULLIGAN ULTRAPURE</b> <b>110 W FREMONT ST</b> <b>OWATONNA, MN 55060-2328</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.397	<b>Nonpriority creditor's name and mailing address</b> <b>CULLIGAN- MANKATO</b> <b>P.O. BOX 3048</b> <b>MANKATO, MN 56002-3048</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.398	<b>Nonpriority creditor's name and mailing address</b> <b>CULLINAN RIGGING &amp; ERECTING</b> <b>6815 MCKINLEY STREET N.W.</b> <b>RAMSEY, MN 55303</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,750.00</b>
3.399	<b>Nonpriority creditor's name and mailing address</b> <b>CUSTOM HOSE TECH INC</b> <b>9323 GARFIELD AVE. S.</b> <b>BLOOMINGTON, MN 55420</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.400	<b>Nonpriority creditor's name and mailing address</b> <b>CUSTOM MOLD &amp; DESIGN</b> <b>22455 EVERTON AVENUE NORTH</b> <b>FOREST LAKE, MN 55025-9309</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.401	<b>Nonpriority creditor's name and mailing address</b> <b>CW TECHNOLOGY</b> <b>5614 GRAND AVE</b> <b>DULUTH, MN 55807</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.402	<b>Nonpriority creditor's name and mailing address</b> <b>D &amp; A TRUCK LINE INC</b> <b>926 NORTH FRONT STREET</b> <b>PO BOX 564</b> <b>NEW ULM, MN 56073-0564</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.403	<b>Nonpriority creditor's name and mailing address</b> <b>D &amp; D POLISHING, INC.</b> <b>307 MYRICK ST.</b> <b>LESUEUR, MN 56058</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.404	<b>Nonpriority creditor's name and mailing address</b> <b>D B ROBERTS COMPANY</b> <b>PO BOX 370018</b> <b>BOSTON, MA 02241-0718</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.405	<b>Nonpriority creditor's name and mailing address</b> <b>D G WELDING &amp; MFG., INC.</b> <b>3265 SUN DRIVE</b> <b>EAGAN, MN 55121</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.406	<b>Nonpriority creditor's name and mailing address</b> <b>DAC INDUSTRIES</b> <b>1636 GERVAIS AVENUE SUITE 9</b> <b>MAPLEWOOD, MI 55109</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,568.59</b>
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3.407	<b>Nonpriority creditor's name and mailing address</b> <b>DADSONS MACHINING, INC.</b> <b>1055 TOUCHSTONE DR</b> <b>HAMMOND, WI 54015-5068</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.408	<b>Nonpriority creditor's name and mailing address</b> <b>DAGO RIOS</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.409	<b>Nonpriority creditor's name and mailing address</b> <b>DAKOTA COUNTY PT&amp;R</b> <b>1590 HIGHWAY 55</b> <b>HASTINGS, MN 55033-2392</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.410	<b>Nonpriority creditor's name and mailing address</b> <b>DAKOTA COUNTY TECHNICAL COLLEGE</b> <b>1300 145TH ST. E.</b> <b>ROSEMOUNT, MN 55068-2999</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.411	<b>Nonpriority creditor's name and mailing address</b> <b>DAKOTA TRUCK CO LLC</b> <b>21450 HUMBOLT CT</b> <b>PO BOX 1272</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,621.91</b>
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3.412	<b>Nonpriority creditor's name and mailing address</b> <b>DAL-KOR CORP</b> <b>999 MAPLE AVE E</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.413	<b>Nonpriority creditor's name and mailing address</b> <b>DALE THORTSEN TRUCKING, INC</b> <b>P.O. BOX 785</b> <b>BAUDETTE, MN 56623</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.414	<b>Nonpriority creditor's name and mailing address</b> <b>DAN WYLIE</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.415	<b>Nonpriority creditor's name and mailing address</b> <b>DANDELION FLORIST</b> <b>P.O. BOX 161518</b> <b>DULUTH, MN 55816</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.416	<b>Nonpriority creditor's name and mailing address</b> <b>DANIEL L NOLEN</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.417	<b>Nonpriority creditor's name and mailing address</b> <b>DANIEL OLSON</b> <b>2426 205TH AVENUE</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.418	<b>Nonpriority creditor's name and mailing address</b> <b>DAPCO INDUSTRIES</b> <b>2500 BISHOP CIR. E.</b> <b>DEXTER, MI 48130</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.419	<b>Nonpriority creditor's name and mailing address</b> <b>DARRICK A NELSON dba P3 POWER LLC</b> <b>PO BOX 161</b> <b>NEW LISBON, WI 53950</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.420	<b>Nonpriority creditor's name and mailing address</b> <b>DASCO LABEL</b> <b>10370 FLANDERS ST NE</b> <b>MINNEAPOLIS, MN 55449-5710</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.421	<b>Nonpriority creditor's name and mailing address</b> <b>DAVID ANDRADE</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.422	<b>Nonpriority creditor's name and mailing address</b> <b>DAVID BRADSHAW</b> <b>2776 120TH AVENUE</b> <b>BRAHAM, MN 55006</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.423	<b>Nonpriority creditor's name and mailing address</b> <b>DAVID LENERTZ</b> <b>311 WEST MILL STREET</b> <b>JANESVILLE, MN 56048</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.424	<b>Nonpriority creditor's name and mailing address</b> <b>DAVIES MOLDING COMPANY</b> <b>25579 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1255</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.425	<b>Nonpriority creditor's name and mailing address</b> <b>DAWN BZOSKIE</b> <b>11216 204TH STREET WEST</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.426	<b>Nonpriority creditor's name and mailing address</b> <b>DAWN MARQUETTE</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.427	<b>Nonpriority creditor's name and mailing address</b> <b>DAYTON FREIGHT</b> <b>PO BOX 340</b> <b>VANDALIA, OH 45377</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.428	<b>Nonpriority creditor's name and mailing address</b> <b>DAYTON ROGERS</b> <b>28717 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1287</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,090.00</b>
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3.429	<b>Nonpriority creditor's name and mailing address</b> <b>DEAN MALECHA</b> <b>109 IRVING AVENUE</b> <b>FARIBAULT, MN 55021</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.430	<b>Nonpriority creditor's name and mailing address</b> <b>DEBORA L BOS</b> <b>3441 LINCOLN ROAD</b> <b>HAMILTON, MI 49419</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.431	<b>Nonpriority creditor's name and mailing address</b> <b>DECO TOOL SUPPLY COMPANY</b> <b>P.O. BOX 3097</b> <b>DAVENPORT, IA 52808</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> Name	Case number (if known) _____
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3.432	<b>Nonpriority creditor's name and mailing address</b> <b>DEKRA AQS SOLUTIONS, INC.</b> <b>3901 ROSWELL ROAD</b> <b>STE 120</b> <b>MARIETTA, GA 30062</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.433	<b>Nonpriority creditor's name and mailing address</b> <b>DELOITTE TAX LLP</b> <b>P.O. BOX 844736</b> <b>DALLAS, TX 75284-4736</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.434	<b>Nonpriority creditor's name and mailing address</b> <b>DELTA DENTAL OF MINNESOTA</b> <b>500 S WASHINGTON AVE</b> <b>STE 2060</b> <b>MINNEAPOLIS, MN 55415</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$2,010.58</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.435	<b>Nonpriority creditor's name and mailing address</b> <b>DELTA REGIS TOOLS INC</b> <b>6945 LTC PARKWAY</b> <b>PORT ST LUCIE, FL 34986</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.436	<b>Nonpriority creditor's name and mailing address</b> <b>DELTA T SYSTEMS</b> <b>2171 HIGHWAY 175</b> <b>RICHFIELD, WI 53076</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$658.33</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.437	<b>Nonpriority creditor's name and mailing address</b> <b>DELTA TECHNOLOGIES GROUP</b> <b>1350 HARMON ROAD</b> <b>AUBURN HILL, MI 48326</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.438	<b>Nonpriority creditor's name and mailing address</b> <b>DELTATECH CONTROLS</b> <b>594 SO. VERMILLION RD</b> <b>BROWNSVILLE, TX 78521</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.439	<b>Nonpriority creditor's name and mailing address</b> <b>DELTCO PLASTICS</b> <b>601 INDUSTRIAL PARK ROAD</b> <b>ASHLAND, WI 54806</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$792.50</b>
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3.440	<b>Nonpriority creditor's name and mailing address</b> <b>DENINE WILSON</b> <b>23845 Natchez Avenue</b> <b>Lakeville, MN 55044</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.441	<b>Nonpriority creditor's name and mailing address</b> <b>DENNIS DOERR</b> <b>1780 QUINLAN AVENUE SOUTH</b> <b>LAKELAND, MN 55043</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.442	<b>Nonpriority creditor's name and mailing address</b> <b>DENTONS US LLP</b> <b>DEPT 3078</b> <b>CAROL STREAM, IL 60132-3078</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.443	<b>Nonpriority creditor's name and mailing address</b> <b>DEREK N KNESS</b> <b>120 PINEHURST CT</b> <b>MANKATO, MN 56001</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.444	<b>Nonpriority creditor's name and mailing address</b> <b>DESIGN PLASTICS, INC.</b> <b>PO BOX 3480</b> <b>OMAHA, NE 68103-0480</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.445	<b>Nonpriority creditor's name and mailing address</b> <b>DESIGNER SELECTIONS</b> <b>1777 OAKDALE AVE.</b> <b>WEST ST. PAUL, MN 55118</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.446	<b>Nonpriority creditor's name and mailing address</b> <b>DETEX COMPANY</b> <b>2721 E. 33RD STREET</b> <b>MINNEAPOLIS, MN 55406</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.447	<b>Nonpriority creditor's name and mailing address</b> <b>DEX MEDIA</b> <b>PO BOX 78041</b> <b>PHOENIX, AZ 85062-8041</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.448	<b>Nonpriority creditor's name and mailing address</b> <b>DHL EXPRESS</b> <b>16592 COLLECTIONS CENTER DRIVE</b> <b>CHICAGO, IL 60693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.449	<b>Nonpriority creditor's name and mailing address</b> <b>DHR INTERNATIONAL, INC.</b> <b>10 SOUTH RIVERSIDE PLAZA</b> <b>SUITE 2220</b> <b>CHICAGO, IL 60606</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.450	<b>Nonpriority creditor's name and mailing address</b> <b>DIAMOND TOOL &amp; ENGINEERING INC</b> <b>PO BOX 97</b> <b>BERTHA, MN 56437</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.451	<b>Nonpriority creditor's name and mailing address</b> <b>DICKS LAKEVILLE SANITATION INC</b> <b>PO BOX 769</b> <b>LAKEVILLE, MN 55044-0769</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.452	<b>Nonpriority creditor's name and mailing address</b> <b>DICRONITE OF MINNESOTA</b> <b>1315 SYLVAN STREET</b> <b>ST PAUL, MN 55117-4605</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.453	<b>Nonpriority creditor's name and mailing address</b> <b>DIEDRICH RPM</b> <b>3000 COUNTY RD 42, SUITE 300</b> <b>BURNSVILLE, MN 55337</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.454	<b>Nonpriority creditor's name and mailing address</b> <b>DIEMOLD TOOL, INC.</b> <b>13440 JOHNSON MEMORIAL DRIVE</b> <b>SHAKOPEE, MN 55379</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25,532.36</b>
3.455	<b>Nonpriority creditor's name and mailing address</b> <b>DIGI-KEY CORPORATION</b> <b>P.O. BOX 250</b> <b>THIEF RIVER FALLS, MN 56701-0250</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$174.13</b>
3.456	<b>Nonpriority creditor's name and mailing address</b> <b>DILLON HANSON</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.457	<b>Nonpriority creditor's name and mailing address</b> <b>DIMAX CORPORATION</b> <b>1107 INDUSTRIAL LANE</b> <b>P.O. BOX 236</b> <b>WINSTED, MN 55395</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,351.32</b>
3.458	<b>Nonpriority creditor's name and mailing address</b> <b>DISCOUNT STEEL INC</b> <b>216 - 27TH AVENUE NORTH</b> <b>MINNEAPOLIS, MN 55411</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,222.62</b>
3.459	<b>Nonpriority creditor's name and mailing address</b> <b>DISCOVERY BENEFITS, INC.</b> <b>P.O. BOX 9528</b> <b>FARGO, ND 58106-9528</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$557.70</b>

Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.460	<b>Nonpriority creditor's name and mailing address</b> <b>DISPENSA-MATIC LABEL</b> <b>28220 PLAYMOR BEACH RD</b> <b>ROCKY MOUNT, MO 65072</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.461	<b>Nonpriority creditor's name and mailing address</b> <b>DIVER CONSOLIDATED INDUSTRIES</b> <b>45 TRAWALLA AVENUE</b> <b>THOMASTOWN 03074</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.462	<b>Nonpriority creditor's name and mailing address</b> <b>DIVERSE MACHINE WORKS</b> <b>21460 HEYWOOD AVENUE</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.463	<b>Nonpriority creditor's name and mailing address</b> <b>DIVERSIFIED FOAM</b> <b>P.O. BOX 1450-NW8486</b> <b>MINNEAPOLIS, MN 55485-8486</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$719.82</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.464	<b>Nonpriority creditor's name and mailing address</b> <b>DIVERSIFIED TEXTURING &amp; ENGRAVING, INC.</b> <b>1609 99TH LANE NE</b> <b>BLAINE, MN 55449</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.465	<b>Nonpriority creditor's name and mailing address</b> <b>DLS WORLDWIDE</b> <b>PO BOX 932721</b> <b>CLEVELAND, OH 44193</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$35,873.75</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.466	<b>Nonpriority creditor's name and mailing address</b> <b>DME COMPANY LLC</b> <b>LOCKBOX #774867</b> <b>4867 SOLUTIONS CENTER</b> <b>CHICAGO, IL 60677-4008</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$9,002.01</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.467	<b>Nonpriority creditor's name and mailing address</b> <b>DOCS TRUCKING, INC.</b> <b>23322 CEDAR AVENUE SO</b> <b>FARMINGTON, MN 55024</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.468	<b>Nonpriority creditor's name and mailing address</b> <b>DOHERTY STAFFING SOLUTION</b> <b>CM3808</b> <b>ST. PAUL, MN 55170-3808</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.469	<b>Nonpriority creditor's name and mailing address</b> <b>DOMO ENGINEERING PLASTICS</b> <b>4917 GOLDEN PKWY SUITE 300</b> <b>BUFORD, GA 30518</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,306.15</b>
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3.470	<b>Nonpriority creditor's name and mailing address</b> <b>DON RYAN</b> <b>1555 245TH STREET EAST</b> <b>NEW PRAGUE, MN 56071</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.471	<b>Nonpriority creditor's name and mailing address</b> <b>DONALDSON COMPANY INC.</b> <b>1400 W. 94TH STREET</b> <b>BLOOMINGTON, MN 55440-1299</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.472	<b>Nonpriority creditor's name and mailing address</b> <b>DOTYS PLUMBING</b> <b>218 E. MAPLE STREET</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.473	<b>Nonpriority creditor's name and mailing address</b> <b>DOUGLAS J JOHNSON</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.474	<b>Nonpriority creditor's name and mailing address</b> <b>DOUGLAS KELLER</b> <b>18325 EUCLID STREET</b> <b>FARMINGTON, MN 55024</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.475	<b>Nonpriority creditor's name and mailing address</b> <b>DOVER HYDRAULICS, INC</b> <b>P.O. BOX 2239</b> <b>DOVER, OH 44622</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.476	<b>Nonpriority creditor's name and mailing address</b> <b>DOWNTOWN DELI</b> <b>113 RR AVE SE</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.477	<b>Nonpriority creditor's name and mailing address</b> <b>DRI AIR INDUSTRIES</b> <b>16 THOMPSON RD</b> <b>PO BOX 1020</b> <b>EAST WINDSOR, CT 06088-1020</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,319.75</b>
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3.478	<b>Nonpriority creditor's name and mailing address</b> <b>DRIP DROP PLUMBING</b> <b>980 WEST 9TH STREET</b> <b>RUSH CITY, MN 55069</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.479	<b>Nonpriority creditor's name and mailing address</b> <b>DRIVER &amp; VEHICLE SERVICES RENEWAL</b> <b>DAKOTA COUNTY</b> <b>20085 HERITAGE DRIVE</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.480	<b>Nonpriority creditor's name and mailing address</b> <b>DSM ENGINEERING PLASTICS</b> <b>4094 COLLECTION CENTER DR</b> <b>CHICAGO, IL 60693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.481	<b>Nonpriority creditor's name and mailing address</b> <b>DSV AIR &amp; SEA INC</b> <b>1295 NORTHLAND DRIVE</b> <b>STE 160</b> <b>SAINT PAUL, MN 55120</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$491.08</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.482	<b>Nonpriority creditor's name and mailing address</b> <b>DUKANE</b> <b>2900 DUKANE DRIVE</b> <b>ST. CHARLES, IL 60174</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.483	<b>Nonpriority creditor's name and mailing address</b> <b>DUN &amp; BRADSTREET CREDIBILITY CORP</b> <b>22761 PACIFIC COAST HIGHWAY</b> <b>MALIBU, CA 90265</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.484	<b>Nonpriority creditor's name and mailing address</b> <b>DUNCAN CO</b> <b>425 HOOVER STREET NE</b> <b>MINNEAPOLIS, MN 55413</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.485	<b>Nonpriority creditor's name and mailing address</b> <b>DUPONT PERFORMANCE POLYMERS</b> <b>38092 EGRET WAY</b> <b>NORTH BRANCH, MN 55056</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.486	<b>Nonpriority creditor's name and mailing address</b> <b>DW PRODUCTS</b> <b>PO BOX 60121</b> <b>ST LOUIS, MO 63160</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.487	<b>Nonpriority creditor's name and mailing address</b> <b>DYNAMIC GROUP</b> <b>13911 UNITY STREET NW</b> <b>RAMSEY, MN 55303</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.488	<b>Nonpriority creditor's name and mailing address</b> <b>DYTRON ALLOYS CORP</b> <b>17000 MASONIC BLVD</b> <b>FRASER, MI 48026</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.489	<b>Nonpriority creditor's name and mailing address</b> <b>DZKICORP INC</b> <b>1330 MONTEREY ST</b> <b>SAN LUIS OBISPO, CA 93401</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,307.00</b>
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3.490	<b>Nonpriority creditor's name and mailing address</b> <b>EAGLE PERFORMANCE PLASTICS</b> <b>PO BOX 1196</b> <b>APPLETON, WI 54912-1196</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.491	<b>Nonpriority creditor's name and mailing address</b> <b>EAGLE TOOL COMPANY</b> <b>400 - 6TH AVE. NW, BOX 146</b> <b>DYERSVILLE, IA 52040</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.492	<b>Nonpriority creditor's name and mailing address</b> <b>EAST CENTRAL AUDIOLOGY LTD</b> <b>1068 S LAKE ST SUITE 108</b> <b>FOREST LAKE, MN 55025-2633</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.493	<b>Nonpriority creditor's name and mailing address</b> <b>EAST CENTRAL DIESEL &amp; EQUIPMENT</b> <b>PO BOX 311</b> <b>CAMBRIDGE, MN 55008</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.494	<b>Nonpriority creditor's name and mailing address</b> <b>EAST CENTRAL EXTERMINATING</b> <b>PO BOX 24</b> <b>PINE CITY, MN 55063</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$134.23</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.495	<b>Nonpriority creditor's name and mailing address</b> <b>EAST CENTRAL SANITATION</b> <b>PO BOX 671</b> <b>CAMBRIDGE, MN 55008</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.496	<b>Nonpriority creditor's name and mailing address</b> <b>EAST CENTRAL SOLID WASTE</b> <b>PO BOX 29</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.497	<b>Nonpriority creditor's name and mailing address</b> <b>EAST SIDE GLASS COMPANY</b> <b>305 FRANKLIN AVE NE</b> <b>T CLOUD, MN 56304</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.498	<b>Nonpriority creditor's name and mailing address</b> <b>EAST SIDE OIL CO</b> <b>621 LINCOLN AVE SE</b> <b>ST CLOUD, MN 56304</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.499	<b>Nonpriority creditor's name and mailing address</b> <b>ECHO GLOBAL LOGISTICS INC</b> <b>ACCOUNTS RECEIVABLE</b> <b>22168 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1221</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,453.79</b>
3.500	<b>Nonpriority creditor's name and mailing address</b> <b>ECKHOFFS CUSTOM MACHINING</b> <b>3330 CO. RD 40 N.E.</b> <b>NEW LONDON, MN 56273</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$32,545.15</b>
3.501	<b>Nonpriority creditor's name and mailing address</b> <b>ECLIPSE ENGINEERING, INC.</b> <b>2540 S. MAIN STREET, UNIT B</b> <b>ERIE, CO 80516</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.502	<b>Nonpriority creditor's name and mailing address</b> <b>ECM PUBLISHERS, INC.</b> <b>4095 COON RAPIDS BLVD.</b> <b>COON RAPIDS, MN 55433</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.503	<b>Nonpriority creditor's name and mailing address</b> <b>ECOLAB INC</b> <b>26252 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1262</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.504	<b>Nonpriority creditor's name and mailing address</b> <b>ECOWATER SYSTEMS LLC</b> <b>P.O. BOX 91749</b> <b>CHICAGO, IL 60693-1749</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.505	<b>Nonpriority creditor's name and mailing address</b> <b>EDEL OIL SERVICE INC</b> <b>7721 ALBANY AVENUE</b> <b>NORTHFIELD, MN 55057-4214</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.506	<b>Nonpriority creditor's name and mailing address</b> <b>EDENMOLD CORP., USA</b> <b>938 OLYMPIC COURT</b> <b>CLAREMONT, CA 91711</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.507	<b>Nonpriority creditor's name and mailing address</b> <b>EGGENS BULK SERVICE INC.</b> <b>PO BOX 115</b> <b>MILACA, MN 56353</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.508	<b>Nonpriority creditor's name and mailing address</b> <b>EINAR SNOEYENBOS</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.509	<b>Nonpriority creditor's name and mailing address</b> <b>ELDON JAMES</b> <b>10325 EAST 47TH AVENUE</b> <b>DENVER, CO 80239</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.510	<b>Nonpriority creditor's name and mailing address</b> <b>ELECTRIC MOTOR SUPPLY CO</b> <b>4650 MAIN STREET</b> <b>FRIDLEY, MN 55421</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.511	<b>Nonpriority creditor's name and mailing address</b> <b>ELECTRICAL POWER AND SAFETY COMPANY</b> <b>369 LEXINGTON AVENUE</b> <b>STE 380, THIRD FLOOR</b> <b>NEW YORK, NY 10017</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.512	<b>Nonpriority creditor's name and mailing address</b> <b>ELECTROFORM COMPANY</b> <b>11070 RALEIGH CT.</b> <b>MACHESNEY PARK, IL 61115</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.513	<b>Nonpriority creditor's name and mailing address</b> <b>ELECTRONIC IMAGING MATERIALS, INC.</b> <b>20 FORGE STREET</b> <b>KEENE, NH 03431</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.514	<b>Nonpriority creditor's name and mailing address</b> <b>ELEMENT MATERIALS TECHNOLOGY NEW BERLIN,</b> <b>3701 PORT UNION RD</b> <b>FAIRFIELD, OH 45014</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.515	<b>Nonpriority creditor's name and mailing address</b> <b>ELITE ELECTRONIC ENGINEERING INC</b> <b>1516 CENTRE CIRCLE</b> <b>DOWNERS GROVE, IL 60515</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.516	<b>Nonpriority creditor's name and mailing address</b> <b>ELIZABETH HARRISON</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.517	<b>Nonpriority creditor's name and mailing address</b> <b>ELLISON MACHINING &amp; ENGINEERING</b> <b>21849 INDUSTRIAL COURT</b> <b>ROGERS, MN 55374</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22,995.78</b>
3.518	<b>Nonpriority creditor's name and mailing address</b> <b>ELLSWORTH ADHESIVES</b> <b>BOX 88207</b> <b>MILWAUKEE, WI 53288-0207</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$640.74</b>
3.519	<b>Nonpriority creditor's name and mailing address</b> <b>EM COATING SERVICES</b> <b>DIV. OF METAL IMPROVEMENT CO.</b> <b>DEPT CH 10559</b> <b>PALATINE, IL 60055-0559</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.520	<b>Nonpriority creditor's name and mailing address</b> <b>EMA DESIGN AUTOMATION</b> <b>PO BOX 23325</b> <b>ROCHESTER, NY 14692</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.521	<b>Nonpriority creditor's name and mailing address</b> <b>EMABOND SOLUTIONS LLC</b> <b>1797 ATLANTIC BLVD</b> <b>AUBURN HILLS, MI 48326</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.522	<b>Nonpriority creditor's name and mailing address</b> <b>EMEDCO, INC</b> <b>PO BOX 95904</b> <b>CHICAGO, IL 60694-5904</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.523	<b>Nonpriority creditor's name and mailing address</b> <b>EMI CORPORATION</b> <b>P.O. BOX 590</b> <b>JACKSON CENTER, OH 45334</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$678.83</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.524	<b>Nonpriority creditor's name and mailing address</b> <b>EMMETT SIREK</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.525	<b>Nonpriority creditor's name and mailing address</b> <b>EMON STARTER &amp; ALTERNATOR</b> <b>59889 HAMMOND ROAD</b> <b>FINLAYSON, MN 55735</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.526	<b>Nonpriority creditor's name and mailing address</b> <b>EMT TOOL</b> <b>14655 NORTHWEST FREEWAY, 137 A</b> <b>HOUSTON, TX 77040</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.527	<b>Nonpriority creditor's name and mailing address</b> <b>ENDOCHOICE, INC.</b> <b>11810 WILLS ROAD</b> <b>ALPHARETTA, GA 30009</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.528	<b>Nonpriority creditor's name and mailing address</b> <b>ENDRES WINDOW CLEANING INC</b> <b>1101 8TH AVENUE SE</b> <b>AUSTIN, MN 55912</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.529	<b>Nonpriority creditor's name and mailing address</b> <b>ENGEL MACHINERY INC</b> <b>3740 BOARD ROAD</b> <b>YORK, PA 17406-8425</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$51.84</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.530	<b>Nonpriority creditor's name and mailing address</b> <b>ENGINEERING AMERICA</b> <b>643 HALE AVE N</b> <b>OAKDALE, MN 55128</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.531	<b>Nonpriority creditor's name and mailing address</b> <b>ENGLEWOOD NURSERY &amp; LANDSCAPE</b> <b>2116 213TH AVENUE</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.532	<b>Nonpriority creditor's name and mailing address</b> <b>ENPRO, INC</b> <b>75 REMITTANCE DR. SUITE 1</b> <b>CHICAGO, IL 60675-1270</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.533	<b>Nonpriority creditor's name and mailing address</b> <b>ENTEC POLYMERS</b> <b>PO BOX 934329</b> <b>ATLANTA, GA 31193-4329</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$195,589.37</b>
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3.534	<b>Nonpriority creditor's name and mailing address</b> <b>ENTERPRISE KNOWLEDGE PARTNERS, LLC</b> <b>3800 AMERICAN BOULEVARD WEST</b> <b>STE. 1500</b> <b>MINNEAPOLIS, MN 55431</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.535	<b>Nonpriority creditor's name and mailing address</b> <b>ENTHERM, INC.</b> <b>11975 PORTLAND AVENUE SOUTH</b> <b>SUITE 102</b> <b>BURNSVILLE, MN 55337</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,749.53</b>
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3.536	<b>Nonpriority creditor's name and mailing address</b> <b>ENVENTIS</b> <b>P.O. BOX 3188</b> <b>MILWAUKEE, WI 53201-3188</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.537	<b>Nonpriority creditor's name and mailing address</b> <b>EOS MIKE PATON</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.538	<b>Nonpriority creditor's name and mailing address</b> <b>EPAK INC</b> <b>55 PLYMOUTH STREET</b> <b>WINNIPEG, MANITOBA R2X2V5</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,820.00</b>
3.539	<b>Nonpriority creditor's name and mailing address</b> <b>EPOLIN CHEMICALS</b> <b>PO BOX 40008</b> <b>NEWARK, NJ 07101-4000</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,484.00</b>
3.540	<b>Nonpriority creditor's name and mailing address</b> <b>EPS FLOTEK</b> <b>198 OKATIE VILLAGE DRIVE</b> <b>SUITE 103-337</b> <b>BLUFFTON, SC 29909</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.541	<b>Nonpriority creditor's name and mailing address</b> <b>ERICKSON AUTOMATICS, INC.</b> <b>P.O. BOX 216</b> <b>CEDER, MN 55011</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.542	<b>Nonpriority creditor's name and mailing address</b> <b>ERIKA YANG</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.543	<b>Nonpriority creditor's name and mailing address</b> <b>ESCAPE FIRE PROTECTION LLC</b> <b>3000 CENTERVILLE ROAD</b> <b>LITTLE CANADA, MN 55117</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.544	<b>Nonpriority creditor's name and mailing address</b> <b>ESP INTERNATIONAL</b> <b>5920 DRY CREEK LANE NE</b> <b>CEDAR RAPIDS, IA 52402</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.545	<b>Nonpriority creditor's name and mailing address</b> <b>ESTES</b> <b>PO BOX 25612</b> <b>RICHMOND, VA 23260-5612</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.546	<b>Nonpriority creditor's name and mailing address</b> <b>EUGENE ORBECK</b> <b>22889 228TH LANE</b> <b>MCGRATH, MN 56350</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.547	<b>Nonpriority creditor's name and mailing address</b> <b>EUROMATIC EQUIPMENT CO INC</b> <b>161-15 ROCKAWAY BLVD</b> <b>JAMAICA, NY 11434</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.548	<b>Nonpriority creditor's name and mailing address</b> <b>EUROTERMO SRL</b> <b>VIA LUNGA, 18</b> <b>BRESCIA 25126</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,234.80</b>
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3.549	<b>Nonpriority creditor's name and mailing address</b> <b>EV RITE TOOL</b> <b>P.O. BOX 251</b> <b>WESTFIELD, MA 01086</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,870.52</b>
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3.550	<b>Nonpriority creditor's name and mailing address</b> <b>EVAN M. NIEFELD, LTD.</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.551	<b>Nonpriority creditor's name and mailing address</b> <b>EVOLUTION PRODUCT DEVELOPMENT INC</b> <b>1500 JACKSON ST. NE, BOX 113</b> <b>SUITE 195</b> <b>MINNEAPOLIS, MN 55413</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.552	<b>Nonpriority creditor's name and mailing address</b> <b>EVS, INC</b> <b>10025 VALLEY VIEW ROAD</b> <b>SUITE 140</b> <b>EDEN PRAIRIE, MN 55344</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.553	<b>Nonpriority creditor's name and mailing address</b> <b>EXCEED PACKAGING</b> <b>c/o PRINSOURCE CAPITAL COMPANIES, LLC</b> <b>P.O. BOX 270107</b> <b>MINNEAPOLIS, MN 55427-0107</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.554	<b>Nonpriority creditor's name and mailing address</b> <b>EXCELSIOR BAY CONSULTING, LLP</b> <b>3701 SHORELINE DRIVE</b> <b>SUITE 200B</b> <b>ORONO, MN 55391</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.555	<b>Nonpriority creditor's name and mailing address</b> <b>EXECUTIVE ADVISORY GROUP, LLC</b> <b>5775 WAYZATA BLVD SUITE 975</b> <b>ST LOUIS PARK, MN 55416</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.556	<b>Nonpriority creditor's name and mailing address</b> <b>EXPENSE RECOVERY SERVICE INC</b> <b>3550 COUNTY ROAD 4</b> <b>MAHTOWA, MN 55707</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.557	<b>Nonpriority creditor's name and mailing address</b> <b>EXPONENTIAL BUSINESS AND TECHNOLOGIES CO</b> <b>7154 SHADY OAK ROAD</b> <b>EDEN PRAIRIE, MN 55344</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.558	<b>Nonpriority creditor's name and mailing address</b> <b>EXPRESS IMAGE INC</b> <b>2942 RICE STREET</b> <b>LITTLE CANADA, MN 55113</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,170.00</b>
3.559	<b>Nonpriority creditor's name and mailing address</b> <b>EXPRESS SERVICES INC</b> <b>PO BOX 203901</b> <b>DALLAS, TX 75320-3901</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$65,766.49</b>
3.560	<b>Nonpriority creditor's name and mailing address</b> <b>EXPRESSONE</b> <b>P.O. BOX 30003, MAC# U125</b> <b>SALT LAKE CITY, UT 84130</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.561	<b>Nonpriority creditor's name and mailing address</b> <b>EXXONMOBIL CHEMICAL COMPANY (ACH)</b> <b>13501 KATY FREEWAY</b> <b>HOUSTON, TX 77079</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.562	<b>Nonpriority creditor's name and mailing address</b> <b>EZCATER INC</b> <b>101 ARCH STREET</b> <b>SUITE 1510</b> <b>BOSTON, MA 02110</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.563	<b>Nonpriority creditor's name and mailing address</b> <b>FABCON PRECAST LLC</b> <b>12520 QUENTIN AVENUE SOUTH</b> <b>SUITE 200</b> <b>SAVAGE, MN 55378</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.564	<b>Nonpriority creditor's name and mailing address</b> <b>FAEGRE BAKER DANIELS LLP</b> <b>NW 6139</b> <b>P.O. BOX 1450</b> <b>MINNEAPOLIS, MN 55485-6139</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.565	<b>Nonpriority creditor's name and mailing address</b> <b>FAIRCHILD EQUIPMENT</b> <b>PO BOX 856386</b> <b>MINNEAPOLIS, MN 55485-6386</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,397.32</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.566	<b>Nonpriority creditor's name and mailing address</b> <b>FALCON PLASTICS INC</b> <b>PO BOX 788</b> <b>1313 WESTERN AVE</b> <b>BROOKINGS, SD 57006</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.567	<b>Nonpriority creditor's name and mailing address</b> <b>FARO TECHNOLOGIES INC.</b> <b>PO BOX 116908</b> <b>ATLANTA, GA 30368-6908</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$7,310.65</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.568	<b>Nonpriority creditor's name and mailing address</b> <b>FAST RADIOS, INC</b> <b>PO BOX 628217</b> <b>DRAWER 1200</b> <b>ORLANDO, FL 32862-8217</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,756.19</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.569	<b>Nonpriority creditor's name and mailing address</b> <b>FASTENAL - RAMSEY</b> <b>P.O. BOX 1286</b> <b>WINONA, MN 55987-1286</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.570	<b>Nonpriority creditor's name and mailing address</b> <b>FASTENAL CAMBRIDGE</b> <b>PO BOX 1286</b> <b>WINONA, MN 55987-1286</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$10,698.04</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.571	<b>Nonpriority creditor's name and mailing address</b> <b>FASTENAL LAKEVILLE</b> <b>PO BOX 1286</b> <b>WINONA, MN 55987-1286</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$4,485.40</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.572	<b>Nonpriority creditor's name and mailing address</b> <b>FASTENAL MANKATO</b> <b>PO BOX 1286</b> <b>WINONA, MN 55987-1286</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.573	<b>Nonpriority creditor's name and mailing address</b> <b>FEDERAL CARTRIDGE CO</b> <b>900 EHLEN DRIVE</b> <b>ANOKA, MN 55303</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.574	<b>Nonpriority creditor's name and mailing address</b> <b>FEDERAL EXPRESS</b> <b>PO BOX 94515</b> <b>PALATINE, IL 60094-4515</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.575	<b>Nonpriority creditor's name and mailing address</b> <b>FEDERAL EXPRESS FREIGHT</b> <b>DEPT CH PO BOX 10306</b> <b>PALATINE, IL 60055-0306</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,430.15</b>
3.576	<b>Nonpriority creditor's name and mailing address</b> <b>FEDERAL FOAM TECHNOLOGIES INC</b> <b>INDUSTRIAL DIVISION</b> <b>600 WISCONSIN DRIVE</b> <b>NEW RICHMOND, WI 54017</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,637.00</b>
3.577	<b>Nonpriority creditor's name and mailing address</b> <b>FEDERATED COOPS INC</b> <b>502 SOUTH 2ND STREET</b> <b>PRINCETON, MN 55371-1941</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,102.11</b>
3.578	<b>Nonpriority creditor's name and mailing address</b> <b>FEGGESTAD &amp; HILL INC</b> <b>2016 CROWBRIDGE DRIVE</b> <b>FRISCO, TX 75034</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.579	<b>Nonpriority creditor's name and mailing address</b> <b>FERRELLGAS</b> <b>P.O. BOX 173940</b> <b>DENVER, CO 80217-3940</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.36</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.580	<b>Nonpriority creditor's name and mailing address</b> <b>FGL PRECISION WORKS INC.</b> <b>475 FENMAR DRIVE</b> <b>TORONTO M9L2R6</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.581	<b>Nonpriority creditor's name and mailing address</b> <b>FIDELITY SECURITY LIFE INSURANCE</b> <b>EYEMED</b> <b>P.O. BOX 632530</b> <b>CINCINNATI, OH 45263-2530</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,406.28</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.582	<b>Nonpriority creditor's name and mailing address</b> <b>FIERO FLUID POWER INC.</b> <b>P.O. BOX 913228</b> <b>DENVER, CO 80291-3228</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,190.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.583	<b>Nonpriority creditor's name and mailing address</b> <b>FIKE CORPORATION</b> <b>P O BOX 1265</b> <b>BLUE SPRINGS, MO 64013</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.584	<b>Nonpriority creditor's name and mailing address</b> <b>FILTRATION SYSTEMS</b> <b>3943 MEADOWBROOK RD</b> <b>ST. LOUIS PARK, MN 55426-4505</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.585	<b>Nonpriority creditor's name and mailing address</b> <b>FIRST COMMUNICATIONS</b> <b>PO BOX 772069</b> <b>DETROIT, MI 48277-2069</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes



Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.586	<b>Nonpriority creditor's name and mailing address</b> <b>FLEET GO INC</b> <b>1855 FRONTAGE RD SUITE A</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.587	<b>Nonpriority creditor's name and mailing address</b> <b>FLEX PAC INC</b> <b>PO BOX 623129</b> <b>INDIANAPOLIS, IN 46262-3129</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.588	<b>Nonpriority creditor's name and mailing address</b> <b>FLEXIBLE PLASTICS</b> <b>PO BOX 4023</b> <b>MANKATO, MN 56001</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.589	<b>Nonpriority creditor's name and mailing address</b> <b>FLEXMATION INC</b> <b>#111</b> <b>PO BOX 1575</b> <b>MINNEAPOLIS, MN 55480-1575</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.590	<b>Nonpriority creditor's name and mailing address</b> <b>FLEXO IMPRESSIONS</b> <b>8647 EAGLE CREEK PARKWAY</b> <b>SAVAGE, MN 55378</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.591	<b>Nonpriority creditor's name and mailing address</b> <b>FLUEGGELS AG INC</b> <b>2040 MAHOGANY STREET</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.592	<b>Nonpriority creditor's name and mailing address</b> <b>FMS CORPORATION</b> <b>POWDER METAL DIVISION</b> <b>8635 HARRIET AVE. S.</b> <b>MINNEAPOLIS, MN 55420-2786</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.593	<b>Nonpriority creditor's name and mailing address</b> <b>FOOD AND DRUG ADMINISTRATION</b> <b>P O BOX 979108</b> <b>ST LOUIS, MO 63197-9000</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.594	<b>Nonpriority creditor's name and mailing address</b> <b>FOREMOST MACHINE BUILDERS</b> <b>23 SPIELMAN RD</b> <b>FAIRFILED, NJ 07004-6155</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.595	<b>Nonpriority creditor's name and mailing address</b> <b>FOREMOST TECHNOLOGIES, LLC</b> <b>5707 - 152ND STREET NORTH</b> <b>HUGO, MN 55038</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.596	<b>Nonpriority creditor's name and mailing address</b> <b>FORKLIFTS OF MINNESOTA</b> <b>2201 W. 94TH ST.</b> <b>BLOOMINGTON, MN 55431</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.597	<b>Nonpriority creditor's name and mailing address</b> <b>FORTRESS FORMS, INC.</b> <b>P.O. BOX 1403</b> <b>BROOKFIELD, WI 53008-1403</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$27,694.48</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.598	<b>Nonpriority creditor's name and mailing address</b> <b>FORWARD TECHNOLOGY</b> <b>260 JENKS AVE SW</b> <b>COKATO, MN 55321</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.599	<b>Nonpriority creditor's name and mailing address</b> <b>FRANK M ZALLAR II</b> <b>PO BOX 229</b> <b>PINE CITY, MN 55063</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.600	<b>Nonpriority creditor's name and mailing address</b> <b>FREDRIKSON &amp; BYRON P.A.</b> <b>PO BOX 1484</b> <b>MINNEAPOLIS, MN 55480-1484</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.601	<b>Nonpriority creditor's name and mailing address</b> <b>FREIGHTQUOTE.COM</b> <b>1495 PAYSHERE CIRCLE</b> <b>CHICAGO, IL 60674</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.602	<b>Nonpriority creditor's name and mailing address</b> <b>FREUND CONTAINER</b> <b>DIVISION OF BERLIN PACKAGING</b> <b>36690 TREASURY CENTER</b> <b>CHICAGO, IL 60694-6600</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$134.19</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.603	<b>Nonpriority creditor's name and mailing address</b> <b>FRONTIER COMMUNICATIONS</b> <b>P.O. BOX 740407</b> <b>CINCINNATI, OH 45274-0407</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,756.23</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.604	<b>Nonpriority creditor's name and mailing address</b> <b>FRONTIER METAL STAMPING</b> <b>3764 PURITAN WAY</b> <b>FREDERICK, CO 80516</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.605	<b>Nonpriority creditor's name and mailing address</b> <b>FRONTIER TRUST</b> <b>PO BOX 10399</b> <b>FARGO, ND 58106-0399</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.606	<b>Nonpriority creditor's name and mailing address</b> <b>FTI CONSULTING</b> <b>PO BOX 418178</b> <b>BOSTON, MA 02241-8178</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>Imperial Plastics, Incorporated</b> Name	Case number (if known) _____
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3.607	<b>Nonpriority creditor's name and mailing address</b> <b>FULFORD GROUP LLC</b> <b>C/O TODD W. NOLLENBERGER, LTD.</b> <b>222 S 9TH STREET STE 1600</b> <b>MINNEAPOLIS, MN 55402</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$35,191.50</b>
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3.608	<b>Nonpriority creditor's name and mailing address</b> <b>G &amp; J AWNING AND CANVAS INC</b> <b>1260 10TH STREET NORTH</b> <b>SAUK RAPIDS, MN 56379</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.609	<b>Nonpriority creditor's name and mailing address</b> <b>G &amp; K SERVICES</b> <b>PO BOX 842385</b> <b>BOSTON, MA 02284-2385</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.610	<b>Nonpriority creditor's name and mailing address</b> <b>GARCOR SUPPLY CO., INC</b> <b>PO BOX 1377</b> <b>MARION, IN 46952</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$750.00</b>
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3.611	<b>Nonpriority creditor's name and mailing address</b> <b>GARD SPECIALISTS</b> <b>P.O. BOX 157</b> <b>621 HWY 17 S</b> <b>EAGLE RIVER, WI 54521</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.612	<b>Nonpriority creditor's name and mailing address</b> <b>GARLAND'S INC</b> <b>D/B/A CASSIDY TRICKER</b> <b>2440 ENTERPRISE DRIVE</b> <b>MENDOTA HEIGHTS, MN 55120</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.613	<b>Nonpriority creditor's name and mailing address</b> <b>GARY CHUA</b> <b>1008 W. BURNSVILLE PARKWAY</b> <b>APT. 131</b> <b>BURNSVILLE, MN 55337</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> Name	Case number (if known) _____
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3.614	<b>Nonpriority creditor's name and mailing address</b> <b>GASKET ENGINEERING CO INC</b> <b>4500 EAST 75TH TERR</b> <b>PO BOX 320288</b> <b>KANSAS CITY, MO 64132</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.615	<b>Nonpriority creditor's name and mailing address</b> <b>GATEWAY SALES CORP</b> <b>PO BOX 2941</b> <b>TUCKER, GA 30085</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.616	<b>Nonpriority creditor's name and mailing address</b> <b>GENERAL COLOR LLC</b> <b>P.O. BOX 7</b> <b>MINERVA, OH 44657</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.617	<b>Nonpriority creditor's name and mailing address</b> <b>GENERAL PALLET INC</b> <b>701 COUNTY ROAD 7 SW</b> <b>P.O. BOX 1014</b> <b>HOWARD LAKE, MN 55349</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.618	<b>Nonpriority creditor's name and mailing address</b> <b>GENERAL PARTS DISTRIBUTION LLC</b> <b>PO BOX 404875</b> <b>ATLANTA, GA 30384-4875</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.619	<b>Nonpriority creditor's name and mailing address</b> <b>GENERAL PLASTIC EXTRUSIONS</b> <b>1238 KASSON ROAD</b> <b>PRESCOTT, WI 54021-1268</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.620	<b>Nonpriority creditor's name and mailing address</b> <b>GENERAL REPAIR SERVICE</b> <b>3535 INTERNATIONAL DRIVE</b> <b>VADNAIS HEIGHTS, MN 55110</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.621	<b>Nonpriority creditor's name and mailing address</b> <b>GENERAL ROLL LEAF</b> <b>P.O. BOX 357</b> <b>STOTTVILLE, NY 12172</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.622	<b>Nonpriority creditor's name and mailing address</b> <b>GENERAL TRANSPORT</b> <b>8675 ABERDEEN TRAIL</b> <b>NORTHFIELD, MN 55057</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.623	<b>Nonpriority creditor's name and mailing address</b> <b>GENESEE APARTMENTS AND</b> <b>TOWNHOMES LLC</b> <b>1000 WEST 80TH STREET</b> <b>BLOOMINGTON, MN 55420</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.624	<b>Nonpriority creditor's name and mailing address</b> <b>GENESIS JIG GRINDING</b> <b>21034 HERON WAY #109</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.625	<b>Nonpriority creditor's name and mailing address</b> <b>GENESIS LOGISTICS</b> <b>811 THORNDALE AVE.</b> <b>BENSENVILLE, IL 60106</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.626	<b>Nonpriority creditor's name and mailing address</b> <b>GEOMETRIC MOLD &amp; MACHINE</b> <b>149 30TH ST DR SE UNIT B</b> <b>CEDAR RAPIDS, IA 52403</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.627	<b>Nonpriority creditor's name and mailing address</b> <b>GEOPHYSICAL SURVEY SYSTEMS INC</b> <b>40 SIMON STREET</b> <b>NASHUA, NH 03060-3075</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.628	<b>Nonpriority creditor's name and mailing address</b> <b>GEORGE CAIN</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.629	<b>Nonpriority creditor's name and mailing address</b> <b>GEORGE KOCH SONS</b> <b>10 SOUTH ELEVENTH AVE.</b> <b>4200 UPPER MT VERNON RD</b> <b>EVANSVILLE, IN 47744</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.630	<b>Nonpriority creditor's name and mailing address</b> <b>GEORGE KONICK ASSOCIATES, INC</b> <b>7242 METRO BOULEVARD</b> <b>EDINA, MN 55439</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.631	<b>Nonpriority creditor's name and mailing address</b> <b>GESSWEIN &amp; CO INC</b> <b>201 HANCOCK AVENUE</b> <b>BRIDGEPORT, CT 06605-0936</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.632	<b>Nonpriority creditor's name and mailing address</b> <b>GKN SINTER METALS</b> <b>PO BOX 2584</b> <b>CAROL STREAM, IL 60132-2584</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.633	<b>Nonpriority creditor's name and mailing address</b> <b>GLEASONDALE</b> <b>1270 NORTHLAND DRIVE</b> <b>SUITE 158</b> <b>MENDOTA HEIGHTS, MN 55120</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.634	<b>Nonpriority creditor's name and mailing address</b> <b>GLEN'S TIRE INC.</b> <b>800 EAST FOREST AVE</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.635	<b>Nonpriority creditor's name and mailing address</b> <b>GLOBAL CONTACT INTL PUB CORP</b> <b>16 WEST MAIN STREET</b> <b>MARLTON, NJ 08053</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.636	<b>Nonpriority creditor's name and mailing address</b> <b>GLOBAL EQUIPMENT COMPANY</b> <b>29833 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1298</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$4,832.85</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.637	<b>Nonpriority creditor's name and mailing address</b> <b>GLOBAL MIDRANGE TECHNOLOGIES</b> <b>6882-200 EDGEWATER COMMER</b> <b>ORLANDO, FL 32810</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.638	<b>Nonpriority creditor's name and mailing address</b> <b>GLOBALMED INC</b> <b>15023 NORTH 73RD STREET</b> <b>SCOTTSDALE, AZ 85260</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.639	<b>Nonpriority creditor's name and mailing address</b> <b>GLOBALTRANZ</b> <b>PO BOX 6348</b> <b>SCOTTSDALE, AZ 85261-6348</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.640	<b>Nonpriority creditor's name and mailing address</b> <b>GLORY GLOBAL SOLUTIONS</b> <b>705 S 12TH STREET</b> <b>WATERTOWN, WI 53094</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.641	<b>Nonpriority creditor's name and mailing address</b> <b>GNEIL</b> <b>PO BOX 451179</b> <b>SUNRISE, FL 33345-1179</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes



Debtor	Imperial Plastics, Incorporated	Case number (if known)	
	Name		
3.642	<b>Nonpriority creditor's name and mailing address</b> <b>GOLD CROSS REEDS COURIER SERVICE</b> <b>PO BOX 1245</b> <b>EAU CLAIRE, WI 54702-1245</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.643	<b>Nonpriority creditor's name and mailing address</b> <b>GOLDBERG KOHN LTD.</b> <b>ATTN: JEREMY M. DOWNS</b> <b>55 EAST MONROE, STE. 3300</b> <b>CHICAGO, IL 60603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.644	<b>Nonpriority creditor's name and mailing address</b> <b>GOLDNER HAWN JOHNSON &amp; MORRISON</b> <b>INC</b> <b>ATTN: GRACE HAAGENSON</b> <b>90 S. 7TH STREET, SUITE 3700</b> <b>MINNEAPOLIS, MN 55402</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.645	<b>Nonpriority creditor's name and mailing address</b> <b>GOODIN COMPANY</b> <b>NW 5993</b> <b>PO BOX 1450</b> <b>MINNEAPOLIS, MN 55485</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$852.40</b>
3.646	<b>Nonpriority creditor's name and mailing address</b> <b>GOODS AUTO &amp; TRUCK REPAIR</b> <b>P.O. BOX 30</b> <b>HINCKLEY, MN 55037</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.647	<b>Nonpriority creditor's name and mailing address</b> <b>GOODWAY TECHNOLOGIES CORP</b> <b>DEPT. 106040, P.O. BOX 15</b> <b>HARTFORD, CT 06115-0413</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$908.89</b>
3.648	<b>Nonpriority creditor's name and mailing address</b> <b>GOODWILL PUBLISHERS INC</b> <b>DBA AMBASSADOR COMPANY</b> <b>CHARLOTTE, NC 28289-0287</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.649	<b>Nonpriority creditor's name and mailing address</b> <b>GOPHER BEARING CO</b> <b>P.O. BOX 6286</b> <b>CLEVELAND, OH 44194</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.650	<b>Nonpriority creditor's name and mailing address</b> <b>GOPHER RESOURCE</b> <b>NW 7124</b> <b>PO BOX 1450</b> <b>MINNEAPOLIS, MN 55485-7124</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,370.00</b>
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3.651	<b>Nonpriority creditor's name and mailing address</b> <b>GOPHER STATE SEALCOAT INC</b> <b>12519 RHODE ISLAND AVENUE</b> <b>SAVAGE, MN 55378</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.652	<b>Nonpriority creditor's name and mailing address</b> <b>GRAIN HANDLER USA INC</b> <b>21785 HAMBURG AVENUE</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.653	<b>Nonpriority creditor's name and mailing address</b> <b>GRAINGER INDUSTRIAL SUPPLY</b> <b>DEPT. 806476594</b> <b>PALATINE, IL 60038-0001</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,526.83</b>
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3.654	<b>Nonpriority creditor's name and mailing address</b> <b>GRANUTECH LLC</b> <b>3 TAFT COURT</b> <b>ROCKVILLE, MD 20850</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.655	<b>Nonpriority creditor's name and mailing address</b> <b>GRANZOW INC</b> <b>2300 CROWNPOINT EXECUTIVE DRIVE</b> <b>CHARLOTTE, NC 28227</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.656	<b>Nonpriority creditor's name and mailing address</b> <b>GRAYBAR ELECTRIC</b> <b>12437 COLLECTIONS CENTER DRIVE</b> <b>CHICAGO, IL 60693-2437</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.657	<b>Nonpriority creditor's name and mailing address</b> <b>GREAT LAKES RUBBER &amp; SUPPLY</b> <b>PO BOX 090860</b> <b>MILWAUKEE, WI 53209</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.658	<b>Nonpriority creditor's name and mailing address</b> <b>GREAT NORTHERN CORPORATION</b> <b>421 PALMER STREET</b> <b>CHIPPEWA FALLS, WI 54729</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$23,608.17</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.659	<b>Nonpriority creditor's name and mailing address</b> <b>GREAT RIVER OFFICE PRODUCTS</b> <b>115 S. WABASHA ST.</b> <b>ST. PAUL, MN 55107</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$2,429.18</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.660	<b>Nonpriority creditor's name and mailing address</b> <b>GREAT WEST TRUST COMPANY LLC</b> <b>PO BOX 561148</b> <b>DENVER, CO 80256-1148</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.661	<b>Nonpriority creditor's name and mailing address</b> <b>GREATER MANKATO GROWTH INC</b> <b>1961 PREMIER DRIVE</b> <b>SUITE 100</b> <b>MANKATO, MN 56001</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.662	<b>Nonpriority creditor's name and mailing address</b> <b>GREEN BAY PACKAGING</b> <b>BIN NO. 53139</b> <b>MILWAUKEE, WI 53288</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.663	<b>Nonpriority creditor's name and mailing address</b> <b>GREEN CARE</b> <b>1717 3RD AVENUE</b> <b>MANKATO, MN 56001</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.664	<b>Nonpriority creditor's name and mailing address</b> <b>GREEN DOT HOLDINGS LLC</b> <b>211 BROADWAY</b> <b>PO BOX #142</b> <b>COTTONWOOD FALLS, KS 66845</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.665	<b>Nonpriority creditor's name and mailing address</b> <b>GREEN INDUSTRIAL</b> <b>1525 INNOVATION DRIVE</b> <b>DUBUQUE, IA 52002</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.666	<b>Nonpriority creditor's name and mailing address</b> <b>GREENWAY &amp; ASSOCIATES LTD</b> <b>3811 450TH STREET</b> <b>ORANGE CITY, IA 51041</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.667	<b>Nonpriority creditor's name and mailing address</b> <b>GREG WAGNER</b> <b>1617 RIVERWOOD DRIVE</b> <b>BURNSVILLE, MN 55337</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.668	<b>Nonpriority creditor's name and mailing address</b> <b>GREIF BROTHERS CORPORATION</b> <b>PO BOX 88879</b> <b>CHICAGO, IL 60695-1879</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.669	<b>Nonpriority creditor's name and mailing address</b> <b>GRIZZLY INDUSTRIAL INC</b> <b>PO BOX 2069</b> <b>BELLINGHAM, WA 98227</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.670	<b>Nonpriority creditor's name and mailing address</b> <b>GROUP HEALTH INC.</b> <b>MAIL STOP #21109A</b> <b>PO BOX 64059</b> <b>ST. PAUL, MN 55164-0059</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.671	<b>Nonpriority creditor's name and mailing address</b> <b>GRUBER PALLETS INC</b> <b>11490 HUDSON BLVD</b> <b>LAKE ELMO, MN 55042</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.672	<b>Nonpriority creditor's name and mailing address</b> <b>GTL, INC</b> <b>14391 AZURITE STREET NW</b> <b>RAMSEY, MN 55303</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.673	<b>Nonpriority creditor's name and mailing address</b> <b>GUMBO SOFTWARE INC</b> <b>809 W. HOWE ST</b> <b>SEATTLE, WA 98119</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.674	<b>Nonpriority creditor's name and mailing address</b> <b>GUNFLINT CAPITAL INC</b> <b>PO BOX 390463</b> <b>EDINA, MN 55439-0463</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.675	<b>Nonpriority creditor's name and mailing address</b> <b>GURLEY PRECISION INSTRUMENTS</b> <b>514 FULTON STREET</b> <b>PO BOX 88</b> <b>TROY, NY 12180</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.676	<b>Nonpriority creditor's name and mailing address</b> <b>GUY METALS</b> <b>1890 GUY METALS DR</b> <b>HAMMOND, WI 54015</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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<b>3.677</b>	<b>Nonpriority creditor's name and mailing address</b> <b>H &amp; H BUYING &amp; SELLING</b> <b>3236 CALIFORNIA ST NE</b> <b>MINNEAPOLIS, MN 55418</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<b>3.678</b>	<b>Nonpriority creditor's name and mailing address</b> <b>H &amp; H MOTORWORKS</b> <b>1397 505TH STREET WEST</b> <b>STANCHFIELD, MN 55080</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<b>3.679</b>	<b>Nonpriority creditor's name and mailing address</b> <b>H MUEHLSTEIN &amp; CO</b> <b>PO BOX 8500-5960</b> <b>LOCKBOX #5960</b> <b>PHILADELPHIA, PA 19178-5960</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<b>3.680</b>	<b>Nonpriority creditor's name and mailing address</b> <b>H S DIE AND ENGINEERING INC</b> <b>3955 SOLUTIONS CENTER</b> <b>CHICAGO, IL 60677-3009</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<b>3.681</b>	<b>Nonpriority creditor's name and mailing address</b> <b>H&amp;A ADMINISTRATORS</b> <b>9800 SHELARD PARKWAY, SUITE 340</b> <b>PLYMOUTH, MN 55441</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<b>3.682</b>	<b>Nonpriority creditor's name and mailing address</b> <b>HACH COMPANY</b> <b>5600 LINDBERGH DR.</b> <b>LOVELAND, CO 80538</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<b>3.683</b>	<b>Nonpriority creditor's name and mailing address</b> <b>HALLOCK COMPANY</b> <b>7185 WASHINGTON AVE. S.</b> <b>EDINA, MN 55439</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.684	<b>Nonpriority creditor's name and mailing address</b> <b>HAMMERTEK CORP</b> <b>P.O. BOX 416</b> <b>LANDISVILLE, PA 17538</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.685	<b>Nonpriority creditor's name and mailing address</b> <b>HARBOR PLASTICS, INC.</b> <b>1470 COUNTY ROAD 90</b> <b>MAPLE PLAIN, MN 55359</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.686	<b>Nonpriority creditor's name and mailing address</b> <b>HARD CHROME</b> <b>2631 SECOND ST. NE</b> <b>MINNEAPOLIS, MN 55418</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.687	<b>Nonpriority creditor's name and mailing address</b> <b>HARDWARE SPECIALTY CO</b> <b>1001 LOWER LANDING ROAD</b> <b>STE. 511</b> <b>BLACKWOOD, NJ 08012</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$10,300.96</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.688	<b>Nonpriority creditor's name and mailing address</b> <b>HARRINGTON INDUSTRIAL PLASTICS</b> <b>PO BOX 991099</b> <b>LOUISVILLE, KY 40269</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.689	<b>Nonpriority creditor's name and mailing address</b> <b>HARRINGTON INDUSTRIAL PLASTICS</b> <b>PO BOX 638250</b> <b>CINCINNATI, OH 45263-8250</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$5,215.48</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.690	<b>Nonpriority creditor's name and mailing address</b> <b>HARRYS CAFE</b> <b>20790 KEOKUK AVE. S.</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.691	<b>Nonpriority creditor's name and mailing address</b> <b>HARTFIEL COMPANY</b> <b>NW 6091</b> <b>P.BOX 1450</b> <b>MINNEAPOLIS, MN 55485-6091</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,029.80</b>
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3.692	<b>Nonpriority creditor's name and mailing address</b> <b>HARVEY TEPNER</b> <b>11 FIFTH AVENUE, APT. 8-L</b> <b>NEW YORK, NY 10003</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.693	<b>Nonpriority creditor's name and mailing address</b> <b>HARVEY VOGEL MANUFACTURING</b> <b>425 WEIR DRIVE</b> <b>WOODBURY, MN 55125-1200</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.694	<b>Nonpriority creditor's name and mailing address</b> <b>HASCO AMERICA, INC</b> <b>270 RUTLEDGE ROAD UNIT B</b> <b>FLETCHER, NC 28732</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,915.89</b>
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3.695	<b>Nonpriority creditor's name and mailing address</b> <b>HASSER GARAGE DOORS INC</b> <b>340 BAYBERRY ROAD</b> <b>BRAHAM, MN 55006</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,525.00</b>
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3.696	<b>Nonpriority creditor's name and mailing address</b> <b>HASTINGS AIR ENERGY CONTROL INC</b> <b>5555 SO WESTRIDGE DRIVE</b> <b>NEW BERLIN, MN 53151</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$420.92</b>
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3.697	<b>Nonpriority creditor's name and mailing address</b> <b>HAWK RIDGE SYSTEMS</b> <b>575 CLYDE AVE</b> <b>SUITE 420</b> <b>MOUNTAIN VIEW, CA 94043</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> Name	Case number (if known)
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3.698	<b>Nonpriority creditor's name and mailing address</b> <b>HAWK TECHNOLOGIES, INC.</b> <b>200 MICHIGAN ST.</b> <b>SUITE 430</b> <b>HANCOCK, MI 49930</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.699	<b>Nonpriority creditor's name and mailing address</b> <b>HAYS COMPANY</b> <b>MI-88</b> <b>P.O. BOX 1414</b> <b>MINNEAPOLIS, MN 55480-1414</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.700	<b>Nonpriority creditor's name and mailing address</b> <b>HAZELWOOD CORP.</b> <b>800 MINNESOTA AVENUE NORTH</b> <b>AITKIN, MN 56431</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.701	<b>Nonpriority creditor's name and mailing address</b> <b>HEARTLAND COMPUTERS</b> <b>1000 RIDGEVIEW DRIVE</b> <b>MCHENRY, IL 60050</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,592.25</b>
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3.702	<b>Nonpriority creditor's name and mailing address</b> <b>HEAT MIZER GLASS INC</b> <b>27256 LAKEWOOD DRIVE NW</b> <b>ISANTI, MN 55040</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.703	<b>Nonpriority creditor's name and mailing address</b> <b>HEATERLOGIX, LLC</b> <b>P.O. BOX 85058</b> <b>CHICAGO, IL 60680-0851</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.704	<b>Nonpriority creditor's name and mailing address</b> <b>HEATHER MADDOX DESIGN</b> <b>PO BOX 24447</b> <b>EDINA, MN 55424</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.705	<b>Nonpriority creditor's name and mailing address</b> <b>HEATHER THOENNES</b> <b>P.O. BOX 1512</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.706	<b>Nonpriority creditor's name and mailing address</b> <b>HEIKES EQUIPMENT INC</b> <b>22008 CANTON CT</b> <b>FARMINGTON, MN 55024</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.707	<b>Nonpriority creditor's name and mailing address</b> <b>HEISER LOGISTICS</b> <b>35 NORTH STREET, SUITE 50</b> <b>CANANDAIGUA, NY 14424</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,900.00</b>
3.708	<b>Nonpriority creditor's name and mailing address</b> <b>HELM ELECTRIC</b> <b>22008 CANTON COURT</b> <b>FARMINGTON, MN 55024</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,266.89</b>
3.709	<b>Nonpriority creditor's name and mailing address</b> <b>HELPSYSTEMS, LLC</b> <b>NW 5955</b> <b>P.O.BOX 1450</b> <b>MINNEAPOLIS, MN 55485-5955</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.710	<b>Nonpriority creditor's name and mailing address</b> <b>HELVIG CARBON PRODUCTS</b> <b>PO BOX 240160</b> <b>MILWAUKEE, WI 53224</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.711	<b>Nonpriority creditor's name and mailing address</b> <b>HENKEL CORPORATION</b> <b>PO BOX 281666</b> <b>ATLANTA, GA 30384-1666</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.712	<b>Nonpriority creditor's name and mailing address</b> <b>HERC U LIFT</b> <b>5655 HIGHWAY 12 WEST</b> <b>PO BOX 69</b> <b>MAPLE PLAIN, MN 55359-0069</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.713	<b>Nonpriority creditor's name and mailing address</b> <b>HERCULES SEALING PRODUCTS</b> <b>1016 NORTH BELCHER ROAD</b> <b>CLEARWATER, FL 33765</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.714	<b>Nonpriority creditor's name and mailing address</b> <b>HERZOG ROOFING INC</b> <b>PO BOX 117</b> <b>LITTLE FALLS, MN 56345</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.715	<b>Nonpriority creditor's name and mailing address</b> <b>HEXAGON METROLOGY INC</b> <b>LOCKBOX 771742</b> <b>1742 SOLUTIONS CTR.</b> <b>CHICAGO, IL 60677-1007</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.716	<b>Nonpriority creditor's name and mailing address</b> <b>HEXAGON METROLOGY, INC</b> <b>LOCKBOX 771741</b> <b>1742 SOLUTIONS CENTER</b> <b>CHICAGO, IL 60677-1007</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,000.00</b>
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3.717	<b>Nonpriority creditor's name and mailing address</b> <b>HI TEC FINISHING</b> <b>581 COUNTY ROAD A</b> <b>HUDSON, WI 54016</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.718	<b>Nonpriority creditor's name and mailing address</b> <b>HICKORYTECH</b> <b>PO BOX 64063</b> <b>ST PAUL, MN 55164-0063</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.719	<b>Nonpriority creditor's name and mailing address</b> <b>HIREQUEST, LLC</b> <b>111 SPRINGHALL DRIVE</b> <b>GOOSE CREEK, SC 29445</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.720	<b>Nonpriority creditor's name and mailing address</b> <b>HOFF APPRAISAL ASSOCIATES</b> <b>1325 QUINCY STREET NE</b> <b>MINNEAPOLIS, MN 55413-1540</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.721	<b>Nonpriority creditor's name and mailing address</b> <b>HOFFBECK TRUCKING INC</b> <b>9745 - 215TH STREET</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.722	<b>Nonpriority creditor's name and mailing address</b> <b>HOFFMAN ENCLOSURES</b> <b>2100 HOFFMAN WAY</b> <b>ANOKA, MN 55303</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.723	<b>Nonpriority creditor's name and mailing address</b> <b>HOLIDAY INN HOTEL &amp; SUITES</b> <b>20800 KENRICK AVENUE SOUTH</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.724	<b>Nonpriority creditor's name and mailing address</b> <b>HOLIDAY STATIONSTORES, LLC</b> <b>PO BOX 860456</b> <b>MINNEAPOLIS, MN 55486-0456</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.725	<b>Nonpriority creditor's name and mailing address</b> <b>HOLLAND MOLDS</b> <b>13756 KNOB HILL ROAD</b> <b>WADENA, MN 56482-9210</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$50,598.83</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.726	<b>Nonpriority creditor's name and mailing address</b> <b>HOLMES ARCHITECTURAL DESIGN</b> <b>16547 KLAMATH COURT</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.727	<b>Nonpriority creditor's name and mailing address</b> <b>HOMELAND HEALTH SPECIALISTS INC</b> <b>1621 E HENNEPIN AVE SUITE 230</b> <b>MINNEAPOLIS, MN 55414</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$311.10</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.728	<b>Nonpriority creditor's name and mailing address</b> <b>HORIZON PLASTICS INTERNATIONAL</b> <b>P.O. BOX 474</b> <b>COBOURG, ON K9A 4L1</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.729	<b>Nonpriority creditor's name and mailing address</b> <b>HORWITZ NSI</b> <b>4401 QUEBEC AVE. N.</b> <b>NEW HOPE, MN 55428</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.730	<b>Nonpriority creditor's name and mailing address</b> <b>HOT RUNNER TECHNOLOGY</b> <b>216 ROUTE 206</b> <b>UNIT 2</b> <b>HILLSBOROUGH, NJ 08844</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.731	<b>Nonpriority creditor's name and mailing address</b> <b>HTP MEDS LLC</b> <b>15 GRAY LANE</b> <b>ASHAWAY, RI 02804</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.732	<b>Nonpriority creditor's name and mailing address</b> <b>HUBER UNIVERSAL SERVICES LLC</b> <b>711 CANTERBURY ROAD SOUTH</b> <b>SHAKOPEE, MN 55379</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.733	<b>Nonpriority creditor's name and mailing address</b> <b>HUCKLE MEDIA LLC</b> <b>514 CENTRAL AVENUE</b> <b>FARIBAULT, MN 55021-4304</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.734	<b>Nonpriority creditor's name and mailing address</b> <b>HUDSON EXTRUSIONS INC</b> <b>PO BOX 255</b> <b>HUDSON, OH 44236</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.735	<b>Nonpriority creditor's name and mailing address</b> <b>HUSKY INJECTION MOLDING SYSTEMS</b> <b>PO BOX 277927</b> <b>ATLANTA, GA 30384-7927</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.736	<b>Nonpriority creditor's name and mailing address</b> <b>HY VEE INC</b> <b>5820 WESTOWN PARKWAY</b> <b>WEST DES MOINES, IA 50266-8290</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.737	<b>Nonpriority creditor's name and mailing address</b> <b>HYDRA FLEX INC</b> <b>680 E. TRAVELERS TRAIL</b> <b>BURNSVILLE, MN 55337</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.738	<b>Nonpriority creditor's name and mailing address</b> <b>HYDRA POWER HYDRAULICS</b> <b>7373 WEST 126TH ST.</b> <b>SAVAGE, MN 55378</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.739	<b>Nonpriority creditor's name and mailing address</b> <b>HYDRAULITEK</b> <b>14311 EWING AVENUE</b> <b>BURNSVILLE, MN 55306</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.740	<b>Nonpriority creditor's name and mailing address</b> <b>HYDRITE CHEMICAL CO.</b> <b>P.O. BOX 689227</b> <b>CHICAGO, IL 60695-9227</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$738.00</b>
3.741	<b>Nonpriority creditor's name and mailing address</b> <b>HYDRO-SMART INC.</b> <b>10725 165th AVENUE NW</b> <b>ELK RIVER, MN 55330</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.742	<b>Nonpriority creditor's name and mailing address</b> <b>I SPACE</b> <b>811 GLENWOOD AVENUE</b> <b>MINNEAPOLIS, MN 55405</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.743	<b>Nonpriority creditor's name and mailing address</b> <b>I SPACE FURNITURE INC</b> <b>811 GLENWOOD AVENUE</b> <b>MINNEAPOLIS, MN 55405</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.744	<b>Nonpriority creditor's name and mailing address</b> <b>ID ADDITIVES INC</b> <b>512 W. BURLINGTON AVE</b> <b>SUITE 208</b> <b>LAGRANGE, IL 60525</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.745	<b>Nonpriority creditor's name and mailing address</b> <b>IDEX HEALTH &amp; SCIENCE LLC</b> <b>12906 COLLECTIONS CENTER DRIVE</b> <b>CHICAGO, IL 60693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,594.62</b>
3.746	<b>Nonpriority creditor's name and mailing address</b> <b>IFM EFECTOR INC</b> <b>PO BOX 8358-307</b> <b>PHILADELPHIA, PA 19171-0307</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.747	<b>Nonpriority creditor's name and mailing address</b> <b>IGUS INC</b> <b>PO BOX 14349</b> <b>EAST PROVIDENCE, RI 02914</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.748	<b>Nonpriority creditor's name and mailing address</b> <b>IKER MANUFACTURING</b> <b>5475 QUAM AVENUE NE</b> <b>ST MICHAEL, MN 55376</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.749	<b>Nonpriority creditor's name and mailing address</b> <b>IMPERIAL TOOL AND PLASTIC</b> <b>7020 INDUSTRIAL LOOP</b> <b>GREENDALE, WI 53129</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.750	<b>Nonpriority creditor's name and mailing address</b> <b>IMPRESSIONS INC</b> <b>1050 WESTGATE DR</b> <b>ST PAUL, MN 55114</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$3,755.53</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.751	<b>Nonpriority creditor's name and mailing address</b> <b>IMS COMPANY</b> <b>PO BOX 75799</b> <b>CLEVELAND, OH 44101-4755</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$2,695.44</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.752	<b>Nonpriority creditor's name and mailing address</b> <b>IN PULSE CPR INC</b> <b>21225 HI HO LANE</b> <b>SPRING HILL, FL 34610</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.753	<b>Nonpriority creditor's name and mailing address</b> <b>INCOE CORPORATION</b> <b>2850 HIGH MEADOW CIRCLE</b> <b>AUBURN HILLS, MI 48326</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.754	<b>Nonpriority creditor's name and mailing address</b> <b>INDELCO PLASTICS CORPORATION</b> <b>6530 CAMBRIDGE STREET</b> <b>MINNEAPOLIS, MN 55426-4484</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$687.92</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.755	<b>Nonpriority creditor's name and mailing address</b> <b>INDEPENDENT DRUG TESTING SERVICES, LLC</b> <b>2595 LAPEER ROAD</b> <b>AUBURN HILLS, MI 48326</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.756	<b>Nonpriority creditor's name and mailing address</b> <b>INDEPENDENT PACKING SERVICES INC</b> <b>7600 32ND AVENUE NORTH</b> <b>CRYSTAL, MN 55427</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.757	<b>Nonpriority creditor's name and mailing address</b> <b>INDUSTRIAL BATTERY PRODUCTS</b> <b>75 REMITTANCE DRIVE</b> <b>DEPT 1576</b> <b>CHICAGO, IL 60675-1576</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$5,200.72</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.758	<b>Nonpriority creditor's name and mailing address</b> <b>INDUSTRIAL CUSTOM PRODUCTS</b> <b>2801 37TH AVE. N.E.</b> <b>MINNEAPOLIS, MN 55421-4217</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$5,267.85</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.759	<b>Nonpriority creditor's name and mailing address</b> <b>INDUSTRIAL DOOR CO., INC</b> <b>PO BOX 48928</b> <b>MINNEAPOLIS, MN 55448</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.760	<b>Nonpriority creditor's name and mailing address</b> <b>INDUSTRIAL ELECTRONIC REPAIR</b> <b>266 NORTHSTAR DRIVE</b> <b>SUITE 136</b> <b>RURAL HALL, NC 27045</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.761	<b>Nonpriority creditor's name and mailing address</b> <b>INDUSTRIAL HYDRAULICS SERVICES</b> <b>13680 TOWNLINE AVE.</b> <b>SHAKOPEE, MN 55379</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.762	<b>Nonpriority creditor's name and mailing address</b> <b>INDUSTRIAL LUBRICANT COMPANY</b> <b>ATTN: ACCOUNTS RECEIVABLE</b> <b>P.O. BOX 70</b> <b>GRAND RAPIDS, MN 55744</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.763	<b>Nonpriority creditor's name and mailing address</b> <b>INDUSTRIAL REPAIR SERVICE</b> <b>2650 BUSINESS DRIVE</b> <b>CUMMING, GA 30028</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$680.65</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.764	<b>Nonpriority creditor's name and mailing address</b> <b>INDUSTRIAL RUBBER &amp; SUPPLY</b> <b>17138 LINCOLN ST. NE</b> <b>HAM LAKE, MN 55304</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.765	<b>Nonpriority creditor's name and mailing address</b> <b>INDUSTRIAL TOOL SERVICE</b> <b>756 BALLANTYNE LANE NE</b> <b>SPRING LAKE PARK, MN 55432</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.766	<b>Nonpriority creditor's name and mailing address</b> <b>INDUSTRIES INC.</b> <b>ACCOUNTS RECEIVABLE</b> <b>601 S.CLEVELAND STREET</b> <b>CAMBRIDGE, MN 55008</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.767	<b>Nonpriority creditor's name and mailing address</b> <b>INFINITY COMPOUNDING LLC</b> <b>2079 CENTER SQUARE ROAD</b> <b>SWEDESBO, NJ 08085</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.768	<b>Nonpriority creditor's name and mailing address</b> <b>INFOR (US), INC.</b> <b>NW 7418</b> <b>P.O. BOX 1450</b> <b>MINNEAPOLIS, MN 55485-7418</b>  Date(s) debt was incurred _____  Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$94,973.02</b>
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3.769	<b>Nonpriority creditor's name and mailing address</b> <b>INNOTEK CORPORATION</b> <b>PO BOX 8736</b> <b>CAROL STREAM, IL 60197-8736</b>  Date(s) debt was incurred _____  Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$244.06</b>
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3.770	<b>Nonpriority creditor's name and mailing address</b> <b>INNOVATIVE INJECTION TECHNOLOGIES INC</b> <b>2360 GRAND AVENUE</b> <b>WEST DES MOINES, IA 50265</b>  Date(s) debt was incurred _____  Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.771	<b>Nonpriority creditor's name and mailing address</b> <b>INNOVATIVE OFFICE SOLUTIONS</b> <b>PO BOX 860627</b> <b>MINNEAPOLIS, MN 55486-0627</b>  Date(s) debt was incurred _____  Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,292.99</b>
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3.772	<b>Nonpriority creditor's name and mailing address</b> <b>INNOVMETRIC SOFTWARE INC</b> <b>2014 CYRILLE-DUQUET</b> <b>SUITE 310</b> <b>QUEBEC G1N4N6</b>  Date(s) debt was incurred _____  Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,650.00</b>
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3.773	<b>Nonpriority creditor's name and mailing address</b> <b>INOF ASSET ACQUISITION dba INNO FLEX LLC</b> <b>7101 31ST AVENUE NORTH</b> <b>NEW HOPE, MN 55427</b>  Date(s) debt was incurred _____  Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,940.00</b>
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3.774	<b>Nonpriority creditor's name and mailing address</b> <b>INSLEEP TECHNOLOGIES</b> <b>3265 MERIDIAN PKWY SUITE 114</b> <b>WESTON, FL 33331</b>  Date(s) debt was incurred _____  Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.775	<b>Nonpriority creditor's name and mailing address</b> <b>INSPECTIONXPRT CORPORATION</b> <b>PO BOX 1660</b> <b>APEX, NC 27502</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.776	<b>Nonpriority creditor's name and mailing address</b> <b>INTECH INDUSTRIES INC</b> <b>7180 SUNWOOD DRIVE NW</b> <b>RAMSEY, MN 55303</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.777	<b>Nonpriority creditor's name and mailing address</b> <b>INTEGRATED TOOLING SYSTEMS</b> <b>9288 WELLINGTON LANE N</b> <b>MAPLE GROVE, MN 55369</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.778	<b>Nonpriority creditor's name and mailing address</b> <b>INTER PLANT SALES</b> <b>5212 130TH STREET</b> <b>HUGO, MN 55038</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.779	<b>Nonpriority creditor's name and mailing address</b> <b>INTERACTIVE TECHNOLOGY INC</b> <b>2266 NORTH SECOND ST.</b> <b>NORTH ST. PAUL, MN 55109</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.780	<b>Nonpriority creditor's name and mailing address</b> <b>INTERNATIONAL PAPER</b> <b>1689 SOLUTIONS CENTER</b> <b>CHICAGO, IL 60677-1006</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.781	<b>Nonpriority creditor's name and mailing address</b> <b>INTERSTATE POWER SYSTEMS</b> <b>NW 7244, PO BOX 1450</b> <b>MINNEAPOLIS, MN 55485-7244</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.782	<b>Nonpriority creditor's name and mailing address</b> <b>INTRO TEC INC</b> <b>PO BOX 279513</b> <b>MIRAMAR, FL 33027</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.783	<b>Nonpriority creditor's name and mailing address</b> <b>INVENIO SP Z O O</b> <b>MONTAZOWA 3B</b> <b>BIELSKO BIALA 43 300</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.784	<b>Nonpriority creditor's name and mailing address</b> <b>IQMS, LLC</b> <b>2821 S. PARKER ROAD</b> <b>AURORA, CO 80014</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.785	<b>Nonpriority creditor's name and mailing address</b> <b>IRISH TITAN</b> <b>5320 WEST 23RD STREET</b> <b>SUITE 300</b> <b>MINNEAPOLIS, MN 55416</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$410.00</b>
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3.786	<b>Nonpriority creditor's name and mailing address</b> <b>IRON MOUNTAIN INC</b> <b>PO BOX 27128</b> <b>NEW YORK, NY 10087-7128</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,119.00</b>
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3.787	<b>Nonpriority creditor's name and mailing address</b> <b>ISAAC WESTON</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.788	<b>Nonpriority creditor's name and mailing address</b> <b>ITW EAE (ILLINOIS TOOL WORKS)</b> <b>39392 TREASURY CENTER</b> <b>CHICAGO, IL 60694-9300</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>		Case number (if known)
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3.789	<b>Nonpriority creditor's name and mailing address</b> <b>ITW UNITED SILICONE</b> <b>75 REMITTANCE DRIVE</b> <b>SUITE 75694</b> <b>CHICAGO, IL 60675-5694</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.790	<b>Nonpriority creditor's name and mailing address</b> <b>J &amp; M AG SERVICES INC</b> <b>PO BOX 250</b> <b>NORTH NEWTON, KS 67117</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.791	<b>Nonpriority creditor's name and mailing address</b> <b>J &amp; W INSTRUMENTS INC</b> <b>4800 MUSTANG CIRLCE</b> <b>NEW BRIGHTON, MN 55112</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.792	<b>Nonpriority creditor's name and mailing address</b> <b>J OLSON TOOL INC</b> <b>13449 FENWAY BLVD CIR N</b> <b>HUGO, MN 55038</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.793	<b>Nonpriority creditor's name and mailing address</b> <b>J W SPEAKER CORP</b> <b>BOX 68-6171</b> <b>MILWAUKEE, WI 53268-6171</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.794	<b>Nonpriority creditor's name and mailing address</b> <b>J&amp;E EARLL INDUSTIRES, INC.</b> <b>7925 215TH ST W</b> <b>PO BOX 546</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,014.90</b>
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3.795	<b>Nonpriority creditor's name and mailing address</b> <b>J&amp;E INDUSTRIES INC</b> <b>DIV. OF J&amp;E/EARLL MFG CO.</b> <b>4500 VALLEY INDUSTRIAL BL</b> <b>SHAKOPEE, MN 55379</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,014.90</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.796	<b>Nonpriority creditor's name and mailing address</b> <b>J&amp;E PRECISION MACHINING</b> <b>600 7TH STREET SOUTH</b> <b>DELANO, MN 55328-8613</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.797	<b>Nonpriority creditor's name and mailing address</b> <b>J. J. KELLER</b> <b>PO BOX 6609</b> <b>CAROL STREAM, IL 60197-6609</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.798	<b>Nonpriority creditor's name and mailing address</b> <b>JACOB GOETTSCH</b> <b>8251 DEL DRIVE NORTH</b> <b>MINNEAPOLIS, MN 55428</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.799	<b>Nonpriority creditor's name and mailing address</b> <b>JAHNS TRANSFER INC</b> <b>2414 HEMSTOCK DRIVE</b> <b>LA CROSSE, WI 54603</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.800	<b>Nonpriority creditor's name and mailing address</b> <b>JAMIE BARRY</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.801	<b>Nonpriority creditor's name and mailing address</b> <b>JAMPLAST, INC.</b> <b>PO BOX 796025</b> <b>ST. LOUIS, MO 63179</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.802	<b>Nonpriority creditor's name and mailing address</b> <b>JANESVILLE TOOL &amp; MANUFACTURING, INC.</b> <b>3930 ENTERPRISE DRIVE</b> <b>JANESVILLE, WI 53546</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.803	<b>Nonpriority creditor's name and mailing address</b> <b>JASON HELLING</b> <b>7327 UPPER 139TH STREET WEST</b> <b>APPLE VALLEY, MN 55124</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.804	<b>Nonpriority creditor's name and mailing address</b> <b>JAVENS MECHANICAL CONTRACTING</b> <b>59160 MADISON AVENUE</b> <b>MANKATO, MN 56001</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.805	<b>Nonpriority creditor's name and mailing address</b> <b>JAY BAUER</b> <b>8464 133RD STREET COURT</b> <b>APPLE VALLEY, MN 55124</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.806	<b>Nonpriority creditor's name and mailing address</b> <b>JAYTECH</b> <b>1290 OSBORNE ROAD NE</b> <b>FRIDLEY, MN 55432</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.807	<b>Nonpriority creditor's name and mailing address</b> <b>JB CONTROLS</b> <b>7350 OHMS LANE</b> <b>EDINA, MN 55439</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.808	<b>Nonpriority creditor's name and mailing address</b> <b>JB TESTING INC</b> <b>1537 - 92ND LANE NE</b> <b>BLAINE, MN 55449</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.809	<b>Nonpriority creditor's name and mailing address</b> <b>JBS LOGISTICS INC</b> <b>200 REGENCY DRIVE</b> <b>GLENDALE HEIGHTS, IL 60139</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.810	<b>Nonpriority creditor's name and mailing address</b> <b>JD DESIGNS</b> <b>2591 LITTLE TELANDER DRIVE</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.811	<b>Nonpriority creditor's name and mailing address</b> <b>JD GOODRICH &amp; ASSOCIATES</b> <b>PO BOX 44301</b> <b>EDEN PRAIRIE, MN 55344-1301</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.812	<b>Nonpriority creditor's name and mailing address</b> <b>JD INDUSTRIAL SUPPLY</b> <b>PO BOX 504</b> <b>GRASS LAKE, MI 49240</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.813	<b>Nonpriority creditor's name and mailing address</b> <b>JDM MACHINING INC</b> <b>11566 CO. RD. 30</b> <b>STAPLES, MN 56479-2264</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$56,780.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.814	<b>Nonpriority creditor's name and mailing address</b> <b>JEFF AYERS</b> <b>7499 GRANADA BAY S.</b> <b>COTTAGE GROVE, MN 55016</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.815	<b>Nonpriority creditor's name and mailing address</b> <b>JEFF BELZERS CHEVROLET</b> <b>PO BOX 965</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.816	<b>Nonpriority creditor's name and mailing address</b> <b>JEFF BERG</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.817	<b>Nonpriority creditor's name and mailing address</b> <b>JEFF FACKLER</b> <b>TRIMOUNT LLC</b> <b>69015 HURTLEY RANCH ROAD</b> <b>SISTERS, OR 97759</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.818	<b>Nonpriority creditor's name and mailing address</b> <b>JEFF PETERSON</b> <b>2125 STATE HWY. 47</b> <b>OGILVIE, MN 56358</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.819	<b>Nonpriority creditor's name and mailing address</b> <b>JEFFREY JOHNSON</b> <b>210 MATTSON ROAD</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.820	<b>Nonpriority creditor's name and mailing address</b> <b>JEFFREY RADUENZ</b> <b>16587 FRANKLIN TRAIL SE</b> <b>PRIOR LAKE, MN 55372</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.821	<b>Nonpriority creditor's name and mailing address</b> <b>JEFFS MACHINE &amp; WELDING</b> <b>2194 PROKOSCH RD.</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.822	<b>Nonpriority creditor's name and mailing address</b> <b>JENIFER HUIZINGA</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.823	<b>Nonpriority creditor's name and mailing address</b> <b>JENNIFER WARFIELD</b> <b>1928 HACKBERRY LANE</b> <b>SHAKOPEE, MN 55379</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.824	<b>Nonpriority creditor's name and mailing address</b> <b>JENNY VALSTAD</b> <b>15696 CRYSTAL PATH</b> <b>ROSEMOUNT, MN 55068</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.825	<b>Nonpriority creditor's name and mailing address</b> <b>JEREMY PALM</b> <b>512 JULIET DRIVE</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.826	<b>Nonpriority creditor's name and mailing address</b> <b>JESSE CONNORS</b> <b>27155 HIDDEN TUNNEL LANE</b> <b>BROOK PARK, MN 55007</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.827	<b>Nonpriority creditor's name and mailing address</b> <b>JESSE PEDRIC</b> <b>8950 GOODRICH ROAD</b> <b>APT. 305</b> <b>BLOOMINGTON, MN 55437</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.828	<b>Nonpriority creditor's name and mailing address</b> <b>JIM NEHRING</b> <b>1844 145TH AVENUE</b> <b>OGILVIE, MN 56358</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.829	<b>Nonpriority creditor's name and mailing address</b> <b>JIM STRAND</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.830	<b>Nonpriority creditor's name and mailing address</b> <b>JINDRAS SEWER SERVICE</b> <b>13417 150TH AVE</b> <b>FORESTON, MN 56330</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.831	<b>Nonpriority creditor's name and mailing address</b> <b>JJK PROPERTIES LLC</b> <b>21476 GRENADA AVENUE</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.832	<b>Nonpriority creditor's name and mailing address</b> <b>JML FABRICATION, LLC</b> <b>21130 CHIPPENDALE AVE</b> <b>FARMINGTON, MN 55024</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.833	<b>Nonpriority creditor's name and mailing address</b> <b>JOBSHQ</b> <b>PO BOX 6024</b> <b>FARGO, ND 58107-6024</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.834	<b>Nonpriority creditor's name and mailing address</b> <b>JOBTARGET LLC</b> <b>DEPT CH 16743</b> <b>PALATINE, IL 60055-6743</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$56.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.835	<b>Nonpriority creditor's name and mailing address</b> <b>JODY ANDERSON DBA P-D'S EMBROIDERY</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.836	<b>Nonpriority creditor's name and mailing address</b> <b>JOE BROCKNER</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.837	<b>Nonpriority creditor's name and mailing address</b> <b>JOE BROCKNER GENERAL CONTRACTING</b> <b>2468 HWY 65</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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<b>3.838</b>	<b>Nonpriority creditor's name and mailing address</b> <b>JOE FIEDLER</b> <b>400 S. 2ND ST.</b> <b>LESUEUR, MN 56058</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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<b>3.839</b>	<b>Nonpriority creditor's name and mailing address</b> <b>JOE KINSELLA</b> <b>211 4TH STREET EAST</b> <b>NORTHFIELD, MN 55057</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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<b>3.840</b>	<b>Nonpriority creditor's name and mailing address</b> <b>JOGETI PLASTIC DECORATING &amp; ASSEMBLY</b> <b>520 N EIGHTH STREET</b> <b>MEDFORD, WI 54451</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,163.01</b>
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<b>3.841</b>	<b>Nonpriority creditor's name and mailing address</b> <b>JOHN DEERE</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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<b>3.842</b>	<b>Nonpriority creditor's name and mailing address</b> <b>JOHN HANCOCK LIFE INSURANCE</b> <b>PO BOX 894764</b> <b>LOS ANGELES, CA 90189-4764</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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<b>3.843</b>	<b>Nonpriority creditor's name and mailing address</b> <b>JOHN HENRY FOSTER</b> <b>PO BOX 860625</b> <b>MINNEAPOLIS, MN 55486</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,318.94</b>
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<b>3.844</b>	<b>Nonpriority creditor's name and mailing address</b> <b>JOHN ROBERTS</b> <b>2193 260TH AVENUE</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.845	<b>Nonpriority creditor's name and mailing address</b> <b>JOHN THOMAS</b> <b>15233 WILD WINGS CT.</b> <b>MINNETONKA, MN 55345</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.846	<b>Nonpriority creditor's name and mailing address</b> <b>JOHN WATKINS</b> <b>504 SIMIONE CT.</b> <b>NORTHFIELD, MN 55057</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.847	<b>Nonpriority creditor's name and mailing address</b> <b>JOHNSON HARDWARE &amp; RENTAL</b> <b>212 RAILROAD AVE NW</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$538.59</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.848	<b>Nonpriority creditor's name and mailing address</b> <b>JOHNSON OUTDOORS INC</b> <b>1531 E. MADISON AVE.</b> <b>P.O. BOX 8129</b> <b>MANKATO 6002-8129</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.849	<b>Nonpriority creditor's name and mailing address</b> <b>JON ANDERSON</b> <b>15 MAPLE ISLAND ROAD</b> <b>BURNSVILLE, MN 55306</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.850	<b>Nonpriority creditor's name and mailing address</b> <b>JON WIGEN</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.851	<b>Nonpriority creditor's name and mailing address</b> <b>JONATHAN D SCHWARTE</b> <b>155 MAIN STREET</b> <b>FORESTON, MN 56330</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.852	<b>Nonpriority creditor's name and mailing address</b> <b>JONATHAN P LARSON</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.853	<b>Nonpriority creditor's name and mailing address</b> <b>JORDAN ALLEN</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.854	<b>Nonpriority creditor's name and mailing address</b> <b>JOSE ZAPATA</b> <b>17000 GANNON WAY WEST</b> <b>ROSEMOUNT, MN 55068</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.855	<b>Nonpriority creditor's name and mailing address</b> <b>JOSH NICKLAY</b> <b>1619 MCAFEE STREET</b> <b>SAINT PAUL, MN 55106</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.856	<b>Nonpriority creditor's name and mailing address</b> <b>JOSHUA SHERMAN</b> <b>1099 LOWELL CIRCLE</b> <b>SAINT PAUL, MN 55124</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.857	<b>Nonpriority creditor's name and mailing address</b> <b>JOYCE PRICE</b> <b>2312 PLUM STREET</b> <b>BROOK PARK, MN 55007</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.858	<b>Nonpriority creditor's name and mailing address</b> <b>JULIE HOLMSTROM</b> <b>1020 E MAPLE AVE</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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<b>3.859</b>	<b>Nonpriority creditor's name and mailing address</b> <b>JUSTIN SELBRADE</b> <b>215 E. PAQUIN STREET</b> <b>WATERVILLE, MN 56096</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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<b>3.860</b>	<b>Nonpriority creditor's name and mailing address</b> <b>JUSTIN STEFFL</b> <b>626 MCLEAN STREET</b> <b>APT. 2</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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<b>3.861</b>	<b>Nonpriority creditor's name and mailing address</b> <b>JWB LLC</b> <b>7965 WEST 215TH STREET</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,229.66</b>
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<b>3.862</b>	<b>Nonpriority creditor's name and mailing address</b> <b>K &amp; K TOOL SERVICE</b> <b>225 - 3RD ST. W.</b> <b>P.O. BOX 811</b> <b>COKATO, MN 55321</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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<b>3.863</b>	<b>Nonpriority creditor's name and mailing address</b> <b>K &amp; R CUSTOM MEATS</b> <b>2072 315TH AVE.</b> <b>ISLE, MN 56342</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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<b>3.864</b>	<b>Nonpriority creditor's name and mailing address</b> <b>K W PLASTICS</b> <b>PO BOX 707</b> <b>TROY, AL 36081-0707</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$28,080.00</b>
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<b>3.865</b>	<b>Nonpriority creditor's name and mailing address</b> <b>K WAY EXPRESS INC</b> <b>P.O. BOX 266</b> <b>WINSTED, MN 55395</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.866	<b>Nonpriority creditor's name and mailing address</b> <b>K.D. CAPITAL EQUIPMENT, LLC</b> <b>7918 E. MCCLAIN DRIVE</b> <b>SUITE 101</b> <b>SCOTTSDALE, AZ 85260</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.867	<b>Nonpriority creditor's name and mailing address</b> <b>KAM TOOL &amp; MOLD</b> <b>1300 COBBLESTONE WAY</b> <b>WOODSTOCK, IL 60098</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.868	<b>Nonpriority creditor's name and mailing address</b> <b>KAMAN</b> <b>P.O. BOX 74566</b> <b>CHICAGO, IL 60696-4566</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.869	<b>Nonpriority creditor's name and mailing address</b> <b>KANABEC COUNTY AUDITOR TR</b> <b>18 N VINE ST</b> <b>STE 261A</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.870	<b>Nonpriority creditor's name and mailing address</b> <b>KANABEC COUNTY PUBLIC HEA</b> <b>905 EAST FOREST AVENUE, S</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.871	<b>Nonpriority creditor's name and mailing address</b> <b>KANABEC PUBLICATIONS</b> <b>107 SOUTH PARK STREET</b> <b>MORA, MN 55051-1459</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$668.75</b>
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3.872	<b>Nonpriority creditor's name and mailing address</b> <b>KANABEC RENTAL</b> <b>1520 E. MAPLE AVENUE</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.873	<b>Nonpriority creditor's name and mailing address</b> <b>KANO LABORATORIES INC</b> <b>PO BOX 110098</b> <b>NASHVILLE, TN 37222-0098</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.874	<b>Nonpriority creditor's name and mailing address</b> <b>KAPCO METAL STAMPING</b> <b>1000 BADGER CIRCLE</b> <b>GRAFTON, WI 53024</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.875	<b>Nonpriority creditor's name and mailing address</b> <b>KAPSTONE CONTAINER CORP.</b> <b>PO BOX 840890</b> <b>DALLAS, TX 75284-0890</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.876	<b>Nonpriority creditor's name and mailing address</b> <b>KAREN VAVRA</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.877	<b>Nonpriority creditor's name and mailing address</b> <b>KARIN DAVIS</b> <b>15848 EMPEROR AVENUE</b> <b>APT. 304</b> <b>APPLE VALLEY, MN 55124</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.878	<b>Nonpriority creditor's name and mailing address</b> <b>KASELLA CONCRETE INC</b> <b>6191 - 330TH AVE</b> <b>PIERZ, MN 56364</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.879	<b>Nonpriority creditor's name and mailing address</b> <b>KATO ROOFING INC</b> <b>321 LUNDIN BLVD</b> <b>MANKATO, MN 56001</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.880	<b>Nonpriority creditor's name and mailing address</b> <b>KAWAGUCHI AMERICA LTD</b> <b>11301 WEST 47TH ST</b> <b>MINNETONKA, MN 55343-8849</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.881	<b>Nonpriority creditor's name and mailing address</b> <b>KAWALEK TRUCKING</b> <b>1352 LIBERTY STREET</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,352.50</b>
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3.882	<b>Nonpriority creditor's name and mailing address</b> <b>KAWASAKI MOTORS MANUFACTURING, USA</b> <b>6600 NW 27TH STREET</b> <b>LINCOLN, NE 68524</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.883	<b>Nonpriority creditor's name and mailing address</b> <b>KB CLEANING &amp; SERVICES</b> <b>2238 1/2 FAIRBANKS DRIVE</b> <b>NORTH MANKATO, MN 56003</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.884	<b>Nonpriority creditor's name and mailing address</b> <b>KELLEY BUCKENTINE CONSULTING</b> <b>2112 GRIMM ROAD</b> <b>CHASKA, MN 55318</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.885	<b>Nonpriority creditor's name and mailing address</b> <b>KELLY COOPER</b> <b>2094 HWY. 27</b> <b>ISLE, MN 56342</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.886	<b>Nonpriority creditor's name and mailing address</b> <b>KELLY NELSON PACKAGING INC</b> <b>PO BOX 665</b> <b>CAMBRIDGE, MN 55008</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.887	<b>Nonpriority creditor's name and mailing address</b> <b>KEN FACKLER</b> <b>P.O. BOX 316</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.888	<b>Nonpriority creditor's name and mailing address</b> <b>KENDECO TOOL CRIB</b> <b>PO BOX 133</b> <b>ST CLOUD, MN 56302-0133</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.889	<b>Nonpriority creditor's name and mailing address</b> <b>KENDRICK JOHNSON &amp; ASSOCIATES</b> <b>9609 GIRARD AVENUE SO</b> <b>MINNEAPOLIS, MN 55431-2619</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.890	<b>Nonpriority creditor's name and mailing address</b> <b>KENNEDY SCALES</b> <b>11485 XEON STREET NW</b> <b>COON RAPIDS, MN 55448</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.891	<b>Nonpriority creditor's name and mailing address</b> <b>KEVIN SKOW</b> <b>43357 VISTA ROAD</b> <b>ISLE, MN 56342</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.892	<b>Nonpriority creditor's name and mailing address</b> <b>KEYENCE CORP</b> <b>DEPT CH 17128</b> <b>PALATINE, IL 60055-7128</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$4,939.25</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.893	<b>Nonpriority creditor's name and mailing address</b> <b>KILIAN MANUFACTURING CORPORATION</b> <b>24989 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1249</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.894	<b>Nonpriority creditor's name and mailing address</b> <b>KING CONTROLS</b> <b>11200 HAMPSHIRE AVE. S.</b> <b>BLOOMINGTON, MN 55438</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.895	<b>Nonpriority creditor's name and mailing address</b> <b>KLN TEMP SERVICES</b> <b>6909 PRINGLE RD.</b> <b>CASS CITY, MI 48726</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.896	<b>Nonpriority creditor's name and mailing address</b> <b>KNOLL</b> <b>PO BOX 157</b> <b>1235 WATER STREET</b> <b>EAST GREENVILLE, PA 18041</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.897	<b>Nonpriority creditor's name and mailing address</b> <b>KOC SIS TECHNOLOGIES INC</b> <b>11755 S. AUSTIN AVE</b> <b>ALSIP, IL 60803</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.898	<b>Nonpriority creditor's name and mailing address</b> <b>KONA ICE</b> <b>122 ALLEN LANE</b> <b>FARIBAULT, MN 55021</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.899	<b>Nonpriority creditor's name and mailing address</b> <b>KOPP PLUMBING &amp; HEATING INC</b> <b>22355 LAKEWOOD DR</b> <b>MADISON LAKE, MN 56063</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.900	<b>Nonpriority creditor's name and mailing address</b> <b>KOSAL KROEUM</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.901	<b>Nonpriority creditor's name and mailing address</b> <b>KRAUSS MAFFEI CORPORATION</b> <b>PO BOX 1041</b> <b>NEW YORK, NY 10268-1041</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.902	<b>Nonpriority creditor's name and mailing address</b> <b>KRONOS</b> <b>PO BOX 845748</b> <b>BOSTON, MA 02284-5748</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.903	<b>Nonpriority creditor's name and mailing address</b> <b>KRUEGER TRANSPORTATION INC</b> <b>21964 STATE HWY 56</b> <b>AUSTIN, MN 55912</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.904	<b>Nonpriority creditor's name and mailing address</b> <b>KTR CORPORATION</b> <b>3459 MOMENTUM PLACE</b> <b>CHICAGO, IL 60689-5334</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.905	<b>Nonpriority creditor's name and mailing address</b> <b>KURT SCHUTTE</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.906	<b>Nonpriority creditor's name and mailing address</b> <b>KURT SCHUTTE</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.907	<b>Nonpriority creditor's name and mailing address</b> <b>KYLE HABINGER BURRIS</b> <b>10650 HAMPSHIRE AVENUE SOUTH</b> <b>APT. 228</b> <b>BLOOMINGTON, MN 55438</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>Imperial Plastics, Incorporated</b> Name	Case number (if known) _____
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3.908	<b>Nonpriority creditor's name and mailing address</b> <b>L &amp; S ELECTRIC, INC</b> <b>5101 MESKER STREET</b> <b>P.O. BOX 740</b> <b>SCHOFIELD, WI 54476-0740</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.909	<b>Nonpriority creditor's name and mailing address</b> <b>L3 COMMUNICATIONS AVIONICS SYSTEMS</b> <b>5353 52ND STREET SOUTH</b> <b>GRAND RAPIDS, MI 49512-9704</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.910	<b>Nonpriority creditor's name and mailing address</b> <b>LABEL PRODUCTS</b> <b>12571 OLIVER AVE. S.</b> <b>SUITE 700</b> <b>BURNSVILLE, MN 55337</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.911	<b>Nonpriority creditor's name and mailing address</b> <b>LACINA SIDING &amp; WINDOWS INC SNOW</b> <b>DIVISIO</b> <b>2104 N RIVERFRONT DRIVE</b> <b>MANKATO, MN 56001</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.912	<b>Nonpriority creditor's name and mailing address</b> <b>LAFRANCE CORP</b> <b>P.O. BOX 820959</b> <b>PHILADELPHIA, PA 19182-0959</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.913	<b>Nonpriority creditor's name and mailing address</b> <b>LAKE CENTER TRANSPORTATION</b> <b>DEPT. 78255</b> <b>DETROIT, MI 48278-0255</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.914	<b>Nonpriority creditor's name and mailing address</b> <b>LAKELAND ENGINEERING CO</b> <b>5735 LINDSAY STREET</b> <b>MINNEAPOLIS, MN 55422-4655</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.915	<b>Nonpriority creditor's name and mailing address</b> <b>LAKEVIEW INDUSTRIES</b> <b>2100 COMMERCE DRIVE</b> <b>CARNER, MN 55315</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$5,907.50</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.916	<b>Nonpriority creditor's name and mailing address</b> <b>LAKEVILLE AREA CHAMBER OF</b> <b>COMMERCE</b> <b>19950 DODD BOULEVARD</b> <b>SUITE 101</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.917	<b>Nonpriority creditor's name and mailing address</b> <b>LAKEVILLE MOTOR EXPRESS</b> <b>PO BOX 88271</b> <b>CHICAGO, IL 60680</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.918	<b>Nonpriority creditor's name and mailing address</b> <b>LANCHAM USA INC.</b> <b>7545 IRVINE CENTER DR. SUITE 200</b> <b>IRVINE, CA 92618</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.919	<b>Nonpriority creditor's name and mailing address</b> <b>LAROS EQUIPMENT COMPANY</b> <b>8278 SHAVER ROAD</b> <b>PORTAGE, MI 49024-5440</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.920	<b>Nonpriority creditor's name and mailing address</b> <b>LARRY HULLETT</b> <b>757 STONEBROOKE DRIVE</b> <b>SHAKOPEE, MN 55379</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.921	<b>Nonpriority creditor's name and mailing address</b> <b>LARRY KINTNER</b> <b>714 HERITAGE WAY</b> <b>FARMINGTON, MN 55024</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.922	<b>Nonpriority creditor's name and mailing address</b> <b>LASER TECHNOLOGIES</b> <b>LB 5273</b> <b>PO BOX 9438</b> <b>MINNEAPOLIS, MN 55440-9438</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.923	<b>Nonpriority creditor's name and mailing address</b> <b>LATARRIS ROBINSON</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.924	<b>Nonpriority creditor's name and mailing address</b> <b>LATITUDE GRAPHICS</b> <b>2600 WEST BELTLINE HWY</b> <b>MIDDLETON, WI 53562</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.925	<b>Nonpriority creditor's name and mailing address</b> <b>LAURUS TRANSACTION ADVISORS LLC</b> <b>8310 SOUTH VALLEY HWY</b> <b>SUITE 300</b> <b>ENGLEWOOD, CO 80113</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.926	<b>Nonpriority creditor's name and mailing address</b> <b>LAWSON PRODUCTS INC</b> <b>PO BOX 809401</b> <b>CHICAGO, IL 60680-9401</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,968.15</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.927	<b>Nonpriority creditor's name and mailing address</b> <b>LE SUEUR COUNTY AUDITOR TREASURER</b> <b>88 SOUTH PARK AVE.</b> <b>ATTN: PAM SIMONETTE</b> <b>LE CENTER, MN 56057-1620</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.928	<b>Nonpriority creditor's name and mailing address</b> <b>LEE MEDICAL LTD</b> <b>666 PLAINSBORO ROAD SUITE 1271</b> <b>PO BOX 469</b> <b>EDINA, MN 08536-0469</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.929	<b>Nonpriority creditor's name and mailing address</b> <b>LEE SPRING CO</b> <b>140 58TH ST., #3C</b> <b>BROOKLYN, NY 11220</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.930	<b>Nonpriority creditor's name and mailing address</b> <b>LENNYS SERVICE</b> <b>711 HIGHWAY 65 SOUTH</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$34.62</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.931	<b>Nonpriority creditor's name and mailing address</b> <b>LEWIS MOTOR REPAIR</b> <b>3015 4TH. ST. S.</b> <b>WAITE PARK, MN 56387</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$6,422.40</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.932	<b>Nonpriority creditor's name and mailing address</b> <b>LEXCO CABLE MFG &amp; DISTRIBUTORS</b> <b>7320 W. AGATITE</b> <b>NORRIDGE, IL 60706</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.933	<b>Nonpriority creditor's name and mailing address</b> <b>LEXINGTON INSURANCE CO</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.934	<b>Nonpriority creditor's name and mailing address</b> <b>LGT HYDRAULIC SERVICE COMPANY INC</b> <b>60063 203RD ST.</b> <b>MANKATO, MN 56001</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.935	<b>Nonpriority creditor's name and mailing address</b> <b>LIBERTY CARTON</b> <b>PO BOX 856558</b> <b>MINNEAPOLIS, MN 55485</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$2,031.68</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> Name	Case number (if known) _____
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3.936	<b>Nonpriority creditor's name and mailing address</b> <b>LIBERTY CLARK INC. d/b/a PROMO PRODUCTS</b> <b>19228 INDUSTRIAL BLVD NW</b> <b>ELK RIVER, MN 55330</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$899.01</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.937	<b>Nonpriority creditor's name and mailing address</b> <b>LIESCH ASSOCIATES, INC.</b> <b>PO BOX 843358</b> <b>KANSAS CITY, MO 64184-3358</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.938	<b>Nonpriority creditor's name and mailing address</b> <b>LIGHTING MASTERS</b> <b>450 BEACON AVENUE</b> <b>ST PAUL, MN 55104-3529</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.939	<b>Nonpriority creditor's name and mailing address</b> <b>LILLIE SUBURBAN NEWSPAPERS INC</b> <b>CLASSIFIED RECEIVABLES</b> <b>2515 SEVENTH AVE.</b> <b>N. ST. PAUL, MN 55109</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.940	<b>Nonpriority creditor's name and mailing address</b> <b>LINCOLN INTERNATIONAL LLC</b> <b>500 WEST MADISON STREET</b> <b>SUITE 3900</b> <b>CHICAGO, IL 60661</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.941	<b>Nonpriority creditor's name and mailing address</b> <b>LINDQUIST &amp; VENNUM LLP</b> <b>SDS-12-3077</b> <b>PO BOX 86</b> <b>MINNEAPOLIS, MN 55486-3077</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.942	<b>Nonpriority creditor's name and mailing address</b> <b>LITCHFIELD SHIPPING</b> <b>24594 608TH AVE.</b> <b>LITCHFIELD, MN 55355</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> Name	Case number (if known)
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3.943	<b>Nonpriority creditor's name and mailing address</b> <b>LITHOCRAFTERS PRINTING</b> <b>936 STATE STREET</b> <b>P.O. BOX 614</b> <b>MARINETTE, WI 54143</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$2,420.13</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.944	<b>Nonpriority creditor's name and mailing address</b> <b>LITINPAK</b> <b>3003 PACIFIC ST. N.</b> <b>MINNEAPOLIS, MN 55441</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.945	<b>Nonpriority creditor's name and mailing address</b> <b>LJP WASTE &amp; RECYCLE LLC</b> <b>2160 RINGHOFER DRIVE</b> <b>NORTH MANKATO, MN 56003</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$15,685.69</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.946	<b>Nonpriority creditor's name and mailing address</b> <b>LOCKFAST LOC</b> <b>107 NE DRIVE</b> <b>LOVELAND, OH 45140</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$331.71</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.947	<b>Nonpriority creditor's name and mailing address</b> <b>LOES OIL COMPANY INC</b> <b>40563 520TH STREET</b> <b>NORTH MANKATO, MN 56003</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.948	<b>Nonpriority creditor's name and mailing address</b> <b>LOFFLER COMPANIES INC</b> <b>BIN # 131511</b> <b>PO BOX 1511</b> <b>MINNEAPOLIS, MN 55480-1511</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.949	<b>Nonpriority creditor's name and mailing address</b> <b>LOFTON LABEL INC</b> <b>6290 CLAUDE WAY EAST</b> <b>INVER GROVE HTS, MN 55076</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$3,052.09</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.950	<b>Nonpriority creditor's name and mailing address</b> <b>LOGIC SEAL LLC</b> <b>28 MAIN ST.</b> <b>OAKVILLE, CT 06779-1704</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.951	<b>Nonpriority creditor's name and mailing address</b> <b>LOGISTICS PLANNING SERVICES</b> <b>PO BOX 6348</b> <b>SCOTTSDALE, AZ 85261</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.952	<b>Nonpriority creditor's name and mailing address</b> <b>LOKENS PARKING LOT PAINTING &amp; SWEEPING</b> <b>106 ICHABOD LANE</b> <b>MANKATO, MN 56001</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.953	<b>Nonpriority creditor's name and mailing address</b> <b>LOU BEIDEL</b> <b>1343 210TH AVENUE</b> <b>OGILVIE, MN 56358</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.954	<b>Nonpriority creditor's name and mailing address</b> <b>LS ENGINEERS INC</b> <b>234 NORTH MAIN STREET</b> <b>LE SUEUR, MN 56058</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.955	<b>Nonpriority creditor's name and mailing address</b> <b>LUBE TECH &amp; PARTNERS LLC</b> <b>28873 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1288</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,062.06</b>
3.956	<b>Nonpriority creditor's name and mailing address</b> <b>LUBE USA, INC</b> <b>1075 THOUSAND OAKS BLVD</b> <b>GREENVILLE, SC 29607</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$70.32</b>

Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.957	<b>Nonpriority creditor's name and mailing address</b> <b>LUCAS A JUBERA</b> <b>131 WOOD STREET SOUTH</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.958	<b>Nonpriority creditor's name and mailing address</b> <b>LUNDELL MANUFACTURING CORP</b> <b>2700 RANCHVIEW LANE</b> <b>PLYMOUTH, MN 55447</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.959	<b>Nonpriority creditor's name and mailing address</b> <b>LUNIESKI &amp; ASSOCIATES</b> <b>7831 E. BUSH LAKE RD.</b> <b>STE. 102</b> <b>MINNEAPOLIS, MN 55439</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$16,007.56</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.960	<b>Nonpriority creditor's name and mailing address</b> <b>LUTZ SALES COMPANY INC.</b> <b>4675 TURNBERRY DRIVE</b> <b>HANOVER PARK, IL 60133</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.961	<b>Nonpriority creditor's name and mailing address</b> <b>LUXOTTICA RETAIL NORTH AMERICA</b> <b>BANK OF AMERICA LOCKBOX SERVICES</b> <b>14963 COLLECTIONS CTR</b> <b>CHICAGO, IL 60693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$700.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.962	<b>Nonpriority creditor's name and mailing address</b> <b>LYONDELLBASELL</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$100,609.54</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.963	<b>Nonpriority creditor's name and mailing address</b> <b>M &amp; H ENGRAVING</b> <b>201 LINDA DR</b> <b>EAGLE LAKE, MN 56024</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.964	<b>Nonpriority creditor's name and mailing address</b> <b>M AUTOMATION</b> <b>7750 CO RD 33</b> <b>NEW GERMANY, MN 55367</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.965	<b>Nonpriority creditor's name and mailing address</b> <b>M&amp;A EXECUTIVE SEARCH, LLC</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.966	<b>Nonpriority creditor's name and mailing address</b> <b>M&amp;M QUALITY SOLUTIONS INC</b> <b>PO BOX 681325</b> <b>RIVERSIDE, MO 64168</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$800.00</b>
3.967	<b>Nonpriority creditor's name and mailing address</b> <b>M. HOLLAND COMPANY</b> <b>75 REMITTANCE DRIVE</b> <b>SUITE 6498</b> <b>CHICAGO, IL 60675-6498</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$63,236.32</b>
3.968	<b>Nonpriority creditor's name and mailing address</b> <b>M. JACOBS &amp; SONS</b> <b>35601 VERONICA ST.</b> <b>LIVONIA, MI 48150</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.969	<b>Nonpriority creditor's name and mailing address</b> <b>M. LIZEN MANUFACTURING</b> <b>2625 FEDERAL SIGNAL DRIVE</b> <b>UNIVERSITY PARK, IL 60484</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,484.00</b>
3.970	<b>Nonpriority creditor's name and mailing address</b> <b>M3V DATA MANAGEMENT</b> <b>11925 EAST 65TH ST</b> <b>STE. 2</b> <b>INDIANAPOLIS, IN 46236</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,452.60</b>

Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.971	<b>Nonpriority creditor's name and mailing address</b> <b>MABIS SHIPPING SOLUTIONS INC dba LABELMA</b> <b>126 W STREETSBO RO STREET #14 HUDSON, OH 44236</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.972	<b>Nonpriority creditor's name and mailing address</b> <b>MACHINE SYSTEMS INTEGRATORS INC</b> <b>1180 NORELL AVENUE STILLWATER, MN 55082</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.973	<b>Nonpriority creditor's name and mailing address</b> <b>MACHINE TOOL SUPPLY</b> <b>3150 MIKE COLLINS DRIVE EAGAN, MN 55121-2292</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.974	<b>Nonpriority creditor's name and mailing address</b> <b>MACHINERY NETWORK</b> <b>15910 VENTURA BLVD SUITE 1410 ENCINO, CA 91436</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.975	<b>Nonpriority creditor's name and mailing address</b> <b>MAGID GLOVE &amp; SAFETY</b> <b>1300 NAPERVILLE DRIVE ROMEOVILLE, IL 60446</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.976	<b>Nonpriority creditor's name and mailing address</b> <b>MAGUIRE PRODUCTS INC</b> <b>PO BOX 2056 ASTON, PA 19014</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.977	<b>Nonpriority creditor's name and mailing address</b> <b>MAINSTREET COFFEE CAFE</b> <b>MAINSTREET COFFEE CAFE</b> <b>20615 HOLT AVENUE LAKEVILLE, MN 55044</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> Name	Case number (if known) _____
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3.978	<b>Nonpriority creditor's name and mailing address</b> <b>MAINTENANCE RESELLER CORPORATION</b> <b>P.O. BOX 2452</b> <b>WOBURN, MA 01888</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$13,296.10</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.979	<b>Nonpriority creditor's name and mailing address</b> <b>MAJOR POLYMERS DISTRIBUTION</b> <b>2011 CHRISTIAN B HAAS DRIVE</b> <b>ST. CLAIR, MI 48079</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.980	<b>Nonpriority creditor's name and mailing address</b> <b>MANAGEMENT RECRUITERS OF THE</b> <b>ST CROIX VALLEY</b> <b>PO BOX 45</b> <b>ST CROIX FALLS, WI 54024</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.981	<b>Nonpriority creditor's name and mailing address</b> <b>MANKATO BEARING COMPANY</b> <b>1804 NORTH RIVERFRONT DRIVE</b> <b>MANKATO, MN 56001</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.982	<b>Nonpriority creditor's name and mailing address</b> <b>MANKATO CLINIC LTD</b> <b>1230 EAST MAIN STREET</b> <b>BOX 8674</b> <b>MANKATO, MN 56002-8674</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.983	<b>Nonpriority creditor's name and mailing address</b> <b>MANKATO FAIRMONT FIRE &amp; SAFETY</b> <b>PO BOX 51</b> <b>MANKATO, MN 56002-0051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.984	<b>Nonpriority creditor's name and mailing address</b> <b>MANKATO LANDSHAPES INC</b> <b>60505 216TH STREET</b> <b>EAGLE LAKE, MN 56024</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.985	<b>Nonpriority creditor's name and mailing address</b> <b>MANKATO PACKAGING</b> <b>1640 COMMERCE DRIVE</b> <b>NORTH MANKATO, MN 56003</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.986	<b>Nonpriority creditor's name and mailing address</b> <b>MANKATO REHABILITATION CENTER, INC.</b> <b>PO BOX 328</b> <b>MANKATO, MN 56002-0328</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.987	<b>Nonpriority creditor's name and mailing address</b> <b>MANKATO SCREW PRODUCTS</b> <b>308 SOUTH MCKINZIE</b> <b>PO BOX 1027</b> <b>MANKATO, MN 56002-1027</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$26,532.87</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.988	<b>Nonpriority creditor's name and mailing address</b> <b>MANN HUMMEL FILTRATION TECHNOLOGY</b> <b>US LLC</b> <b>JPM CHASE</b> <b>PO BOX 73071</b> <b>CHICAGO, IL 60673-7071</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$17,311.32</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.989	<b>Nonpriority creditor's name and mailing address</b> <b>MANUFACTURERS ASSOCIATION FOR</b> <b>PLASTICS PR</b> <b>7321 SHADELAND STATION</b> <b>SUITE 285</b> <b>INDIANAPOLIS, IN 46256</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.990	<b>Nonpriority creditor's name and mailing address</b> <b>MANUFACTURERS ALLIANCE</b> <b>8421 WAYZATA BLVD</b> <b>SUITE 150</b> <b>GOLDEN VALLEY, MN 55426</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,972.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.991	<b>Nonpriority creditor's name and mailing address</b> <b>MANUFACTURERS NEWS</b> <b>1633 CENTRAL ST.</b> <b>EVANSTON, IL 60201-1569</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.992	<b>Nonpriority creditor's name and mailing address</b> <b>MARC BLEHERT</b> <b>1294 CASTLE COURT</b> <b>GOLDEN VALLEY, MN 55427</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.993	<b>Nonpriority creditor's name and mailing address</b> <b>MARCO</b> <b>N.W. 7128</b> <b>PO BOX 1450</b> <b>MPLS, MN 55485-7128</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.994	<b>Nonpriority creditor's name and mailing address</b> <b>MARIAN CHICAGO INC</b> <b>396 WEGNER DRIVE</b> <b>WEST CHICAGO, IL 60185</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.995	<b>Nonpriority creditor's name and mailing address</b> <b>MARIAN ETOH</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.996	<b>Nonpriority creditor's name and mailing address</b> <b>MARK BECKER</b> <b>364 SOUTH PARK AVE</b> <b>LE CENTER, MN 56057</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.997	<b>Nonpriority creditor's name and mailing address</b> <b>MARK LIEBHARD</b> <b>135 6TH STREET</b> <b>GREEN ISLE, MN 55338</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.998	<b>Nonpriority creditor's name and mailing address</b> <b>MARK SHIPSTAD</b> <b>2344 BURKE AVENUE EAST</b> <b>NORTH SAINT PAUL, MN 55109</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known)
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3.999	<b>Nonpriority creditor's name and mailing address</b> <b>MARK TARTAGLIA</b> <b>142 WEST 97TH STREET</b> <b>BLOOMINGTON, MN 55421</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.100 0	<b>Nonpriority creditor's name and mailing address</b> <b>MARKETING TECHNOLOGIES</b> <b>923 POPLAR PLACE</b> <b>BOULDER, CO 80304</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.100 1	<b>Nonpriority creditor's name and mailing address</b> <b>MARKETPLACE MINISTRIES</b> <b>2001 W PLANO PKWY #3200</b> <b>PLANO, TX 75075</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.100 2	<b>Nonpriority creditor's name and mailing address</b> <b>MARSHALL ANDERSON TRUCKING</b> <b>P.O. BOX 503</b> <b>CANNON FALLS, MN 55009</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.100 3	<b>Nonpriority creditor's name and mailing address</b> <b>MARSHALL WOLF AUTOMATION</b> <b>923 SOUTH MAIN STREET</b> <b>ALGONQUIN, IL 60102</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.100 4	<b>Nonpriority creditor's name and mailing address</b> <b>MARTECH SERVICES COMPANY</b> <b>PO BOX 7079</b> <b>MAZEPPA, MN 55956</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.100 5	<b>Nonpriority creditor's name and mailing address</b> <b>MARUKA USA INC</b> <b>1210 NE DOUGLAS STREET</b> <b>LEES SUMMIT, MO 64086</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,581.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.100 6	<b>Nonpriority creditor's name and mailing address</b> <b>MASTCOM</b> <b>807 BROADWAY STREET NE</b> <b>SUITE 210</b> <b>MINNEAPOLIS, MN 55413</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.100 7	<b>Nonpriority creditor's name and mailing address</b> <b>MASTER MAGNETICS INC</b> <b>1211 ATCHISON COURT</b> <b>CASTLE ROCK, CO 80109</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$452.60</b>
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3.100 8	<b>Nonpriority creditor's name and mailing address</b> <b>MASTERSON STAFFING SOLUTIONS</b> <b>3300 FERNBROOK LANE NORTH</b> <b>SUITE 200</b> <b>PLYMOUTH, MN 55447</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$80,731.01</b>
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3.100 9	<b>Nonpriority creditor's name and mailing address</b> <b>MASTIP, INC</b> <b>240 INFO HIGHWAY</b> <b>SLINGER, WI 53086</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.101 0	<b>Nonpriority creditor's name and mailing address</b> <b>MATHESON TRI GAS INC</b> <b>PO BOX 347297</b> <b>PITTSBURGH, PA 15251-4297</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.101 1	<b>Nonpriority creditor's name and mailing address</b> <b>MATHEW FERRARO-ANKER</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.101 2	<b>Nonpriority creditor's name and mailing address</b> <b>MATSUI AMERICA INC</b> <b>5825 TURNBERRY DRIVE</b> <b>HANOVER PARK, IL 60133</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.101 3	<b>Nonpriority creditor's name and mailing address</b> <b>MATT DAHLEN</b> <b>18351 KENYON AVENUE</b> <b>APT. 317</b> <b>LAKEVILLE, MN 55044</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.101 4	<b>Nonpriority creditor's name and mailing address</b> <b>MAVERICK ENGINEERING &amp; MANUFACTURING</b> <b>21725 HAMBURG AVENUE</b> <b>LAKEVILLE, MN 55044</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,320.00</b>
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3.101 5	<b>Nonpriority creditor's name and mailing address</b> <b>MAVERICK LAWN CARE</b> <b>246 TERRACE VIEW WEST</b> <b>MANKATO, MN 56001</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.101 6	<b>Nonpriority creditor's name and mailing address</b> <b>MAYER SOFT WATER CULLIGAN</b> <b>203 SOUTH FRONT</b> <b>PO BOX 296</b> <b>ST PETER, MN ST PETER</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.101 7	<b>Nonpriority creditor's name and mailing address</b> <b>MAYO CLINIC HEALTH SYSTEM</b> <b>1025 MARSH STREET</b> <b>MANKATO, MN 56001</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.101 8	<b>Nonpriority creditor's name and mailing address</b> <b>MCDONOUGH TRUCK LINE INC</b> <b>3115 INDUSTRIAL DRIVE</b> <b>FARIBAULT, MN 55021</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.101 9	<b>Nonpriority creditor's name and mailing address</b> <b>MCGUIREWOODS LLP</b> <b>800 EAST CANAL STREET GATEWAY PLAZA</b> <b>RICHMOND, VA 23219</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.102 0	<b>Nonpriority creditor's name and mailing address</b> <b>MCI PAINT &amp; DRYWALL</b> <b>21205 EATON AVE.</b> <b>SUITE 1</b> <b>FARMINGTON, MN 55024</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.102 1	<b>Nonpriority creditor's name and mailing address</b> <b>MCM IND CO INC</b> <b>22901 MILLCREEK BLVD.</b> <b>SUITE 250</b> <b>HIGHLAND HILLS, OH 44122</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$957.84</b>
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3.102 2	<b>Nonpriority creditor's name and mailing address</b> <b>MCPAHON PAPER</b> <b>PO BOX 10162</b> <b>FORT WAYNE, IN 46850</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.102 3	<b>Nonpriority creditor's name and mailing address</b> <b>McMASTER CARR CO</b> <b>PO BOX 7690</b> <b>CHICAGO, IL 60680-7690</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20,226.77</b>
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3.102 4	<b>Nonpriority creditor's name and mailing address</b> <b>MEADOWWORKS</b> <b>935 NATIONAL PKWY</b> <b>SUITE 93515</b> <b>SCHAUMBURG, IL 60173</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.102 5	<b>Nonpriority creditor's name and mailing address</b> <b>MEAGHER &amp; GEER PLLP</b> <b>33 SOUTH 6TH ST.</b> <b>MINNEAPOLIS, MN 55402</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.102 6	<b>Nonpriority creditor's name and mailing address</b> <b>MECHANICAL SERVICES INC</b> <b>5211 130TH STREET NO.</b> <b>HUGO, MN 55038</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_

Name

3.102 7	<b>Nonpriority creditor's name and mailing address</b> <b>MED COMPASS</b> <b>7841 WAYZATA BOULEVARD</b> <b>SUITE # 214</b> <b>MINNEAPOLIS, MN 55426</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.102 8	<b>Nonpriority creditor's name and mailing address</b> <b>MEDFAB MANUFACTURING COMPANY</b> <b>PO BOX 448</b> <b>LAKEVILLE, MN 55044</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.102 9	<b>Nonpriority creditor's name and mailing address</b> <b>MEDTOX LABORATORIES INC</b> <b>PO BOX 8107</b> <b>BURLINGTON, NC 27216-8107</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$86.91</b>
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3.103 0	<b>Nonpriority creditor's name and mailing address</b> <b>MEECH STATIC ELIMINATORS</b> <b>2915 NEW PARK DRIVE</b> <b>NORTON, OH 44203</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.103 1	<b>Nonpriority creditor's name and mailing address</b> <b>MEGHAN OLDENBURG</b> <b>19376 CLAREMONT DRIVE</b> <b>FARMINGTON, MN 55024</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.103 2	<b>Nonpriority creditor's name and mailing address</b> <b>MENASHA CORPORATION</b> <b>75 REMITTANCE DRIVE</b> <b>DEPT 6970</b> <b>CHICAGO, IL 60675-6970</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.103 3	<b>Nonpriority creditor's name and mailing address</b> <b>MENASHA PACKAGING COMPANY LLC</b> <b>75 REMITTANCE DRIVE DEPT 6970</b> <b>CHICAGO, IL 60675-6970</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_

Name

3.103 4	<b>Nonpriority creditor's name and mailing address</b> <b>MERCURY TECHNOLOGIES OF MINNESOTA</b> <b>1110 HOLSTEIN DRIVE NE</b> <b>PO BOX 13</b> <b>PINE CITY, MN 55063</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.103 5	<b>Nonpriority creditor's name and mailing address</b> <b>MESA INDUSTRIES</b> <b>DEPT CH 10489</b> <b>PALATINE, IL 60055-0489</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,742.14</b>
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3.103 6	<b>Nonpriority creditor's name and mailing address</b> <b>METAL TEXTILES CORPORATION</b> <b>970 NEW DURHAM ROAD</b> <b>EDISON, NJ 08818</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.103 7	<b>Nonpriority creditor's name and mailing address</b> <b>METAL TREATERS</b> <b>DEPT # 5566</b> <b>PO BOX 3090</b> <b>MILWAUKEE, WI 53201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.103 8	<b>Nonpriority creditor's name and mailing address</b> <b>METALLICS INC</b> <b>W7274 COUNTY HIGHWAY Z</b> <b>PO BOX 99</b> <b>ONALASKA, WI 54650-0099</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,784.20</b>
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3.103 9	<b>Nonpriority creditor's name and mailing address</b> <b>METCO INDUSTRIES</b> <b>1241 BRUSSELS ST.</b> <b>ST. MARYS, PA 15857</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.104 0	<b>Nonpriority creditor's name and mailing address</b> <b>METRIC &amp; MULTI-STANDARD COMPANY</b> <b>120 OLD SAW MILL RIVER RD</b> <b>HAWTHORNE, NY 10532-1599</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_

Name

3.104 1	<b>Nonpriority creditor's name and mailing address</b> <b>METRIC SEALS INC</b> <b>PO BOX 292</b> <b>17030 WESTFIELD PARK RD.</b> <b>WESTFIELD, IN 46074-0292</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.104 2	<b>Nonpriority creditor's name and mailing address</b> <b>METRO HYDRO GRAPHICS LLC</b> <b>7533 SUNWOOD DRIVE, #315</b> <b>RAMSEY, MN 55303</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.104 3	<b>Nonpriority creditor's name and mailing address</b> <b>METRO MOLD &amp; DESIGN</b> <b>20600 COUNTY ROAD 81</b> <b>ROGERS, MN 55374-9567</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.104 4	<b>Nonpriority creditor's name and mailing address</b> <b>METROLOGYWORKS</b> <b>PO BOX 211</b> <b>BUCKNER, MO 64016</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.104 5	<b>Nonpriority creditor's name and mailing address</b> <b>MEXICHEM SPECIALTY COMPOUNDS</b> <b>21729 NETWORK PLACE</b> <b>CHICAGO, IL 60673</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$29,104.01</b>
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3.104 6	<b>Nonpriority creditor's name and mailing address</b> <b>MEYER LABORATORY INC</b> <b>2401 WEST JEFFERSON</b> <b>BLUE SPRINGS, MO 64015-7298</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,149.11</b>
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3.104 7	<b>Nonpriority creditor's name and mailing address</b> <b>MFN CONSULTING INC</b> <b>1777 OAKDALE AVENUE</b> <b>W. ST. PAUL, MN 55118-4031</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.104 8	<b>Nonpriority creditor's name and mailing address</b> <b>MICHAEL JOHNSON</b> <b>3060 SHIELDS DROVE</b> <b>APT. 105</b> <b>EAGAN, MN 55121</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.104 9	<b>Nonpriority creditor's name and mailing address</b> <b>MICHAEL OCONNOR</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.105 0	<b>Nonpriority creditor's name and mailing address</b> <b>MICHAEL SHIELDS</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.105 1	<b>Nonpriority creditor's name and mailing address</b> <b>MICHAEL THOME</b> <b>856 MCDIARMID DRIVE</b> <b>HUDSON, WI 54016</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.105 2	<b>Nonpriority creditor's name and mailing address</b> <b>MICRO WELD INC</b> <b>10550 COUNTY ROAD 81, SUITE 112</b> <b>SUITE 109</b> <b>MAPLE GROVE, MN 55369</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.105 3	<b>Nonpriority creditor's name and mailing address</b> <b>MICROSOFT CORPORATION</b> <b>PO BOX 844510</b> <b>DALLAS, TX 75284-4510</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.105 4	<b>Nonpriority creditor's name and mailing address</b> <b>MID AMERICA FESTIVALS</b> <b>1244 S CANTERBURY ROAD</b> <b>SUITE 306</b> <b>SHAKOPEE, MN 55379</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated**  
Name

Case number (if known)

3.105 5	<b>Nonpriority creditor's name and mailing address</b> <b>MID STATE MASONRY LLC</b> <b>250 8TH STREET</b> <b>BRAHAM, MN 55006</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,080.00</b>
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3.105 6	<b>Nonpriority creditor's name and mailing address</b> <b>MID STATE MASONRY LLC</b> <b>250 8TH STREET</b> <b>BRAHAM, MN 55006</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.105 7	<b>Nonpriority creditor's name and mailing address</b> <b>MID STATE SAFETY</b> <b>8783 RED OAK ROAD</b> <b>PEQUOT LAKES, MN 56472</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.105 8	<b>Nonpriority creditor's name and mailing address</b> <b>MID STATES EXPRESS INC</b> <b>DEPT CH 17234</b> <b>PALATINE, IL 60055-7234</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.105 9	<b>Nonpriority creditor's name and mailing address</b> <b>MID TECH EQUIPMENT</b> <b>16 LONG LAKE ROAD</b> <b>MAHTOMEDI, MN 55115</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.106 0	<b>Nonpriority creditor's name and mailing address</b> <b>MIDCAP FINANCIAL SERVICES, LLC</b> <b>(as agent)</b> <b>7255 WOODMOUNT AVENUE, STE 200</b> <b>BETHESDA, MD 20814</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.106 1	<b>Nonpriority creditor's name and mailing address</b> <b>MIDCONTINENT COMMUNICATION</b> <b>P.O. BOX 5010</b> <b>SIOUX FALLS, SD 57117-5010</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$330.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.106 2	<b>Nonpriority creditor's name and mailing address</b> <b>MIDLAND GLASS</b> <b>410 11TH AVE S</b> <b>HOPKINS, MN 55343</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.106 3	<b>Nonpriority creditor's name and mailing address</b> <b>MIDLAND INFORMATION RESOURCES CO</b> <b>5440 CORPORATE PARK DRIVE</b> <b>DAVENPORT, IA 52807</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.106 4	<b>Nonpriority creditor's name and mailing address</b> <b>MIDWAY INDUSTRIAL SUPPLY</b> <b>PO BOX 73278</b> <b>CLEVELAND, OH 44193</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.106 5	<b>Nonpriority creditor's name and mailing address</b> <b>MIDWEST AIR PARTS</b> <b>P.O. BOX 776</b> <b>MUSKEGO, WI 53150-0776</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.106 6	<b>Nonpriority creditor's name and mailing address</b> <b>MIDWEST CONTAINER SYSTEMS</b> <b>P.O. BOX 21183</b> <b>EAGAN, MN 55121</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.106 7	<b>Nonpriority creditor's name and mailing address</b> <b>MIDWEST INDUSTRIAL TOOL GRINDING INC</b> <b>45 WEST HIGHLAND PARK DR.</b> <b>HUTCHINSON, MN 55350</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.106 8	<b>Nonpriority creditor's name and mailing address</b> <b>MIDWEST MOTOR EXPRESS</b> <b>PO BOX 1496</b> <b>BISMARCK, ND 58502</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated**  
Name

Case number (if known)

3.106 9	<b>Nonpriority creditor's name and mailing address</b> <b>MIDWEST OVERHEAD CRANE</b> <b>13900 SUNFISH LAKE BLVD NW</b> <b>RAMSEY, MN 55303-4542</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.107 0	<b>Nonpriority creditor's name and mailing address</b> <b>MIDWEST PLASTIC SOLUTIONS LLC</b> <b>453 SOUTH VERMONT UNIT H</b> <b>PALATINE, IL 60067</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.107 1	<b>Nonpriority creditor's name and mailing address</b> <b>MIDWEST STEEL SUPPLY CO INC</b> <b>14255 JAMES ROAD</b> <b>ROGERS, MN 55374</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.107 2	<b>Nonpriority creditor's name and mailing address</b> <b>MIDWEST THERMO EQUIPMENT INC</b> <b>770 TOWER DRIVE</b> <b>MEDINA, MN 55340</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.107 3	<b>Nonpriority creditor's name and mailing address</b> <b>MIDWEST WIRE PRODUCTS INC</b> <b>P.O. BOX 770</b> <b>649 SOUTH LANSING AVENUE</b> <b>STURGEON BAY, WI 54235</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.107 4	<b>Nonpriority creditor's name and mailing address</b> <b>MIKE BURRIS</b> <b>25115 KENT AVENUE</b> <b>MORRISTOWN, MN 55052</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.107 5	<b>Nonpriority creditor's name and mailing address</b> <b>MIKE DUPPONG</b> <b>7636 INMAN AVENUE SOUTH</b> <b>COTTAGE GROVE, MN 55016</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_

Name

3.107 6	<b>Nonpriority creditor's name and mailing address</b> <b>MILACRON MARKETING COMPANY LLC</b> <b>P.O. BOX 535638</b> <b>ATLANTA, GA 30353-5638</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,714.00</b>
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3.107 7	<b>Nonpriority creditor's name and mailing address</b> <b>MILSCO MANUFACTURING CO.</b> <b>23184 NETWORK PLACE</b> <b>CHICAGO, IL 60673-2318</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.107 8	<b>Nonpriority creditor's name and mailing address</b> <b>MINITAB INC</b> <b>1829 PINE HALL ROAD</b> <b>STATE COLLEGE, PA 16801</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,140.00</b>
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3.107 9	<b>Nonpriority creditor's name and mailing address</b> <b>MINNEAPOLIS OXYGEN COMPANY</b> <b>3842 WASHINGTON AVE. N.</b> <b>MINNEAPOLIS, MN 55412-2142</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.108 0	<b>Nonpriority creditor's name and mailing address</b> <b>MINNESOTA AIR</b> <b>SDS 12-1836</b> <b>PO BOX 86</b> <b>MINNEAPOLIS, MN 55486</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.108 1	<b>Nonpriority creditor's name and mailing address</b> <b>MINNESOTA AMERICAN VETERANS</b> <b>1919 UNIVERSITY AVE. W</b> <b>ST. PAUL, MN 55104-3479</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.108 2	<b>Nonpriority creditor's name and mailing address</b> <b>MINNESOTA CONWAY FIRE &amp; SAFETY</b> <b>575 MINNEHAHA AVE. W.</b> <b>ST. PAUL, MN 55103</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b>	Case number (if known) _____
	Name	

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3.108 3	<b>Nonpriority creditor's name and mailing address</b> <b>MINNESOTA CORRUGATED BOX</b> <b>PO BOX 933949</b> <b>ATLANTA, GA 31193-3949</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$36,534.30</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.108 4	<b>Nonpriority creditor's name and mailing address</b> <b>MINNESOTA CORRUGATED BOX</b> <b>PO BOX 933949</b> <b>ATLANTA, GA 31193-3949</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.108 5	<b>Nonpriority creditor's name and mailing address</b> <b>MINNESOTA DEPARTMENT OF COMMERCE</b> <b>85 7TH PL. E.</b> <b>STE. 280</b> <b>SAINT PAUL, MN 55101</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.108 6	<b>Nonpriority creditor's name and mailing address</b> <b>MINNESOTA DEPT OF REVENUE</b> <b>PO BOX 64564</b> <b>ST. PAUL, MN 55164-0651</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.108 7	<b>Nonpriority creditor's name and mailing address</b> <b>MINNESOTA ENERGY RESOURCES CORP</b> <b>PO BOX 6040</b> <b>CAROL STREAM, IL 60197-6040</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$2,664.27</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.108 8	<b>Nonpriority creditor's name and mailing address</b> <b>MINNESOTA IRON AND METAL COMPANY</b> <b>514 NORTH RIVERFRONT DRIVE</b> <b>MANKATO, MN 56001</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.108 9	<b>Nonpriority creditor's name and mailing address</b> <b>MINNESOTA MAILING SOLUTIONS</b> <b>P.O. BOX 27965</b> <b>GOLDEN VALLEY, MN 55427-0965</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.109 0	<b>Nonpriority creditor's name and mailing address</b> <b>MINNESOTA POLLUTION CONTROL AGENCY</b> <b>PO BOX 64893</b> <b>ST. PAUL, MN 55164-0893</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.109 1	<b>Nonpriority creditor's name and mailing address</b> <b>MINNESOTA RUBBER &amp; PLASTICS</b> <b>BIN # 135014</b> <b>PO BOX 1150</b> <b>MINNEAPOLIS, MN 55480-1150</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,460.00</b>
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3.109 2	<b>Nonpriority creditor's name and mailing address</b> <b>MINNESOTA SECRETARY OF STATE</b> <b>180 STATE OFFICE BUILDING</b> <b>100 CONSTITUTION AVE</b> <b>ST. PAUL, MN 55155-1299</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.109 3	<b>Nonpriority creditor's name and mailing address</b> <b>MINNESOTA SUPPLY COMPANY</b> <b>PO BOX 160</b> <b>HOPKINS, MN 55343</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,407.01</b>
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3.109 4	<b>Nonpriority creditor's name and mailing address</b> <b>MINNESOTA VALLEY ACTION COUNCIL</b> <b>706 N. VICTORY DRIVE</b> <b>MANKATO, MN 56001</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.109 5	<b>Nonpriority creditor's name and mailing address</b> <b>MINNESOTA WASTE PROCESSING CO.</b> <b>2160 RINGHOFER DRIVE</b> <b>NORTH MANKATO, MN 56003</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.109 6	<b>Nonpriority creditor's name and mailing address</b> <b>MINNESOTA WIRE AND CABLE CO</b> <b>P.O. BOX 1575</b> <b>LOCK BOX #161</b> <b>MINNEAPOLIS, MN 55480-1575</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.109 7	<b>Nonpriority creditor's name and mailing address</b> <b>MIRACLE EXPRESS INC</b> <b>P.O. BOX 131420</b> <b>ROSEVILLE, MN 55113-0012</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.109 8	<b>Nonpriority creditor's name and mailing address</b> <b>MITCHELL ZEBRO</b> <b>601 3RD AVENUE NW</b> <b>APT. 208</b> <b>ISANTI, MN 55040</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.109 9	<b>Nonpriority creditor's name and mailing address</b> <b>MJB MACHINERY SALES</b> <b>392 EAST 240TH STREET</b> <b>JORDAN, MN 55352</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.110 0	<b>Nonpriority creditor's name and mailing address</b> <b>MM PRECISION MACHINING</b> <b>12797 MEADOWVALE RD NW</b> <b>ELK RIVER, MN 55330</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.110 1	<b>Nonpriority creditor's name and mailing address</b> <b>MN DEPT OF LABOR AND INDUSTRY</b> <b>FINANCIAL SERVICES OFFICE</b> <b>43 LAFAYETTE RD</b> <b>ST PAUL, MN 55155</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.110 2	<b>Nonpriority creditor's name and mailing address</b> <b>MODERNISTIC INC</b> <b>1987 INDUSTRIAL BLVD S</b> <b>STILLWATER, MN 55082</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.110 3	<b>Nonpriority creditor's name and mailing address</b> <b>MODIFIED PLASTICS INC</b> <b>1240 E GLENWOOD PL</b> <b>SANTA ANA, CA 92707</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated**  
Name

Case number (if known)

3.110 4	<b>Nonpriority creditor's name and mailing address</b> <b>MOLD MASTERS INJECTIONEERING</b> <b>75 REMITTANCE DRIVE</b> <b>DEPARTMENT 6927</b> <b>CHICAGO, IL 60675-6927</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.110 5	<b>Nonpriority creditor's name and mailing address</b> <b>MOLD MASTERS LIMITED</b> <b>75 REMITTANCE DRIVE DEPT 6927</b> <b>CHICAGO, IL 60675-6927</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$640.40</b>
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3.110 6	<b>Nonpriority creditor's name and mailing address</b> <b>MOLDING AUTOMATION CONCEPTS</b> <b>1760 KILKENNY COURT</b> <b>WOODSTOCK, IL 60098-7437</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.110 7	<b>Nonpriority creditor's name and mailing address</b> <b>MOLDVAC LLC</b> <b>280 BELLEVIEW LANE</b> <b>BATAVIA, IL 60510</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.110 8	<b>Nonpriority creditor's name and mailing address</b> <b>MONITOR TECHNOLOGIES</b> <b>44W320 KESLINGER RD</b> <b>ELBURN, IL 60119</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.110 9	<b>Nonpriority creditor's name and mailing address</b> <b>MONROE MOXNESS BERG</b> <b>7760 FRANCE AVENUE SOUTH</b> <b>SUITE 700</b> <b>MINNEAPOLIS, MN 55435-5844</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.111 0	<b>Nonpriority creditor's name and mailing address</b> <b>MONSONS RAPID ROLL OFF</b> <b>1472 210TH AVENUE</b> <b>OGILVIE, MN 56358</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.111 1	<b>Nonpriority creditor's name and mailing address</b> <b>MORA AREA CHAMBER OF COMMERCE</b> <b>16 NORTH LAKE STREET</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.111 2	<b>Nonpriority creditor's name and mailing address</b> <b>MORA BAKERY</b> <b>19 NORTH UNION</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.111 3	<b>Nonpriority creditor's name and mailing address</b> <b>MORA CHEVROLET BUICK</b> <b>800 S HWY 65</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.111 4	<b>Nonpriority creditor's name and mailing address</b> <b>MORA RADIATOR &amp; REPAIR</b> <b>1781 260TH AVENUE</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.111 5	<b>Nonpriority creditor's name and mailing address</b> <b>MORA UNCLAIMED FREIGHT</b> <b>1859 FRONTAGE ROAD</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$329.12</b>
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3.111 6	<b>Nonpriority creditor's name and mailing address</b> <b>MOTION INDUSTRIES</b> <b>P.O. BOX 98412</b> <b>CHICAGO, IL 60693-8412</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$49.11</b>
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3.111 7	<b>Nonpriority creditor's name and mailing address</b> <b>MOTION TECH AUTOMATION LLC</b> <b>7166 4TH STREET NORTH</b> <b>OAKDALE, MN 55128</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.111 8	<b>Nonpriority creditor's name and mailing address</b> <b>MOVE IT</b> <b>131 CHARLOTTE DRIVE</b> <b>LAKE CRYSTAL, MN 56055</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.111 9	<b>Nonpriority creditor's name and mailing address</b> <b>MRA-THE MANAGEMENT ASSOCIATION</b> <b>N19 W24400 RIVERWOOD DR.</b> <b>WAUKESHA, WI 53188</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.112 0	<b>Nonpriority creditor's name and mailing address</b> <b>MRG TOOL AND DIE</b> <b>1100 CANNON CIRCLE</b> <b>PO BOX 811</b> <b>FARIBAULT, MN 55021</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.112 1	<b>Nonpriority creditor's name and mailing address</b> <b>MSDS ONLINE</b> <b>27185 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1271</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.112 2	<b>Nonpriority creditor's name and mailing address</b> <b>MSI MOLD BUILDERS</b> <b>12300 6TH ST. SW</b> <b>CEDAR RAPIDS, IA 52404</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$342,700.00</b>
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3.112 3	<b>Nonpriority creditor's name and mailing address</b> <b>MULCAHY COMPANY</b> <b>2700 BLUE WATER ROAD SUITE 100</b> <b>EAGAN, MN 55121</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.112 4	<b>Nonpriority creditor's name and mailing address</b> <b>MULTIBASE INC</b> <b>22556 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1225</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.112 5	<b>Nonpriority creditor's name and mailing address</b> <b>MULTIFEUTRE DU QUEBEC LTD</b> <b>1299 MONTEE LEGER</b> <b>LES CEDRES, QUEBEC J7T 1E9</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.112 6	<b>Nonpriority creditor's name and mailing address</b> <b>MULTITECH COLD FORMING, LLC</b> <b>350 VILLAGE DRIVE</b> <b>CAROL STREAM, IL 60188</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.112 7	<b>Nonpriority creditor's name and mailing address</b> <b>MURPHY RIGGING AND ERECTING INC</b> <b>ATTN: ACCOUNTS RECEIVABLE</b> <b>701 24TH AVE SE</b> <b>MINNEAPOLIS, MN 55414</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.112 8	<b>Nonpriority creditor's name and mailing address</b> <b>MUTHIG INDUSTRIES INC</b> <b>33 EAST LARSEN DRIVE</b> <b>FOND DU LAC, WI 54937</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.112 9	<b>Nonpriority creditor's name and mailing address</b> <b>MY ALARM CENTER</b> <b>3803 W CHESTER PIKE</b> <b>STE 100A</b> <b>NEWTON SQUARE, PA 19073-2334</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$377.39</b>
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3.113 0	<b>Nonpriority creditor's name and mailing address</b> <b>MYTEX POLYMERS</b> <b>PO BOX 601676</b> <b>CHARLOTTE, NC 28260-1676</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.113 1	<b>Nonpriority creditor's name and mailing address</b> <b>NATE KOCH</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.113 2	<b>Nonpriority creditor's name and mailing address</b> <b>NATHAN DIAMOND</b> <b>14371 CORMORANT WAY</b> <b>ROSEMOUNT, MN 55068</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.113 3	<b>Nonpriority creditor's name and mailing address</b> <b>NATHAN KEMP</b> <b>22111 NATCHEZ AVENUE</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.113 4	<b>Nonpriority creditor's name and mailing address</b> <b>NATHAN WALKER</b> <b>613 WATKINS STREET</b> <b>APT 3</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.113 5	<b>Nonpriority creditor's name and mailing address</b> <b>NATHAN WILLIAM KOCH</b> <b>2712 225 AVE</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.113 6	<b>Nonpriority creditor's name and mailing address</b> <b>NATIONAL BULK EQUIPMENT</b> <b>16278 COLLECTIONS CENTER DRIVE</b> <b>CHICAGO, IL 60693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,160.52</b>
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3.113 7	<b>Nonpriority creditor's name and mailing address</b> <b>NATIONAL NARCOTICS OFFICE</b> <b>ASSOCIATION COALITION</b> <b>P.O. BOX 82877</b> <b>PHOENIX, AZ 85071-2877</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.113 8	<b>Nonpriority creditor's name and mailing address</b> <b>NATIONAL POLYMERS</b> <b>7920 215TH STREET WEST</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.113 9	<b>Nonpriority creditor's name and mailing address</b> <b>NATIONAL PRODUCTS, INC</b> <b>8410 DALLAS AVE S</b> <b>SEATTLE, WA 98108</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.114 0	<b>Nonpriority creditor's name and mailing address</b> <b>NATIONAL REGISTERED AGENTS, INC</b> <b>PO BOX 4349</b> <b>CAROL STREAM, IL 60197-4349</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.114 1	<b>Nonpriority creditor's name and mailing address</b> <b>NATIONAL TOOL &amp; MANUFACTURING</b> <b>581 WHEELING RD.</b> <b>WHEELING, IL 60090</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.114 2	<b>Nonpriority creditor's name and mailing address</b> <b>NAVIGATE FORWARD INC</b> <b>1624 HARMON PLACE</b> <b>SUITE 300P</b> <b>MINNEAPOLIS, MN 55405</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.114 3	<b>Nonpriority creditor's name and mailing address</b> <b>NCR CORPORATION</b> <b>14181 COLLECTIONS CENTER DRIVE</b> <b>CHICAGO, IL 60693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.114 4	<b>Nonpriority creditor's name and mailing address</b> <b>NEGRI BOSSI NORTH AMERICA INC</b> <b>311 CARROLL DRIVE</b> <b>NEW CASTLE, DE 19720</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.114 5	<b>Nonpriority creditor's name and mailing address</b> <b>NELSON PRINTING COMPANY</b> <b>838 NORTH MINNESOTA AVENUE</b> <b>ST PETER, MN 56082</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.114 6	<b>Nonpriority creditor's name and mailing address</b> <b>NEW PIG CORPORATION</b> <b>ONE PORK AVENUE</b> <b>TIPTON, PA 16684</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,039.62</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.114 7	<b>Nonpriority creditor's name and mailing address</b> <b>NEWARK ELECTRONICS</b> <b>33190 COLLECTION CENTER DRIVE</b> <b>CHICAGO, IL 60693-0331</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$375.13</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.114 8	<b>Nonpriority creditor's name and mailing address</b> <b>NEWPORT SCIENTIFIC</b> <b>8246 E-SANDY COURT</b> <b>JESSUP, MD 20794-9632</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.114 9	<b>Nonpriority creditor's name and mailing address</b> <b>NEXEO PLASTICS HOLDINGS INC</b> <b>P.O. BOX 74007392</b> <b>CHICAGO, IL 60674-7392</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$730,456.31</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.115 0	<b>Nonpriority creditor's name and mailing address</b> <b>NICHOLAS SCARPELLI</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.115 1	<b>Nonpriority creditor's name and mailing address</b> <b>NICK CHRISTIANSON</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.115 2	<b>Nonpriority creditor's name and mailing address</b> <b>NICK WONG</b> <b>2951 WASHBURN CIR.</b> <b>RICHFIELD, MN 55423</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.115 3	<b>Nonpriority creditor's name and mailing address</b> <b>NICKY VIRGINIA MARIE MOHN</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.115 4	<b>Nonpriority creditor's name and mailing address</b> <b>NICOLE MITCHELL</b> <b>5633 297TH AVENUE NORTHWEST</b> <b>CAMBRIDGE, MN 55008</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.115 5	<b>Nonpriority creditor's name and mailing address</b> <b>NINE EAGLES PROMOTIONS</b> <b>700 SPIRAL BOULEVARD SUITE B</b> <b>HASTINGS, MN 55033</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.115 6	<b>Nonpriority creditor's name and mailing address</b> <b>NISSEI AMERICA INC</b> <b>1480 N HANCOCK STREET</b> <b>ANAHEIM, CA 92807</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$3,546.36</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.115 7	<b>Nonpriority creditor's name and mailing address</b> <b>NITROJECTION CORP.</b> <b>8430 MAYFIELD ROAD</b> <b>CHESTERLAND, OH 44026</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.115 8	<b>Nonpriority creditor's name and mailing address</b> <b>NM TRANSFER CO</b> <b>630 MUTTART ROAD</b> <b>NEENEH, WI 54956-9752</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.115 9	<b>Nonpriority creditor's name and mailing address</b> <b>NNOAC FUNDRAISING CENTER</b> <b>PO BOX 82877</b> <b>PHOENIX, AZ 85071-2877</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_

Name

3.116 0	<b>Nonpriority creditor's name and mailing address</b> <b>NOAH PARKER-MUNRO</b> <b>2056 DALA LANE</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.116 1	<b>Nonpriority creditor's name and mailing address</b> <b>NOKOMIS SHOES</b> <b>6600 BASS LAKE RD</b> <b>CRYSTAL, MN 55428</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,587.30</b>
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3.116 2	<b>Nonpriority creditor's name and mailing address</b> <b>NON METALLIC COMPONENTS</b> <b>1310 SOUTH MAIN</b> <b>CUBA CITY, MN 53087</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.116 3	<b>Nonpriority creditor's name and mailing address</b> <b>NOR-CAL PRODUCTS, INC.</b> <b>1967 SOUTH OREGON STREET</b> <b>YREKA, CA 96097</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.116 4	<b>Nonpriority creditor's name and mailing address</b> <b>NORDQUIST SIGN COMPANY</b> <b>945 PIERCE BUTLER ROUTE</b> <b>ST. PAUL, MN 55104</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.116 5	<b>Nonpriority creditor's name and mailing address</b> <b>NORDSON EFD LLC</b> <b>PO BOX 777959</b> <b>CHICAGO, IL 60677-7009</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.116 6	<b>Nonpriority creditor's name and mailing address</b> <b>NORMAN G. JENSEN INC</b> <b>PO BOX 860039</b> <b>MINNEAPOLIS, MN 55486-0039</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated**  
Name

Case number (if known)

3.116 7	<b>Nonpriority creditor's name and mailing address</b> <b>NORMAN OBERTO</b> <b>701 BANEERRY COURT</b> <b>NORTHFIELD, MN 55057</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.116 8	<b>Nonpriority creditor's name and mailing address</b> <b>NORSTECH PLASTICS EQUIPMENT</b> <b>PO BOX 308</b> <b>BURLINGTON, WI 53105</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20,280.00</b>
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3.116 9	<b>Nonpriority creditor's name and mailing address</b> <b>NORTH CENTRAL INDUSTRIES</b> <b>PO BOX 15</b> <b>MEQUON, WI 53092</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.117 0	<b>Nonpriority creditor's name and mailing address</b> <b>NORTH COUNTRY HEATING AND AIR</b> <b>CONDITIONI</b> <b>1463 HARBOR STREET</b> <b>OGILVIE, MN 56358</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.117 1	<b>Nonpriority creditor's name and mailing address</b> <b>NORTH COUNTRY WELDING</b> <b>2396 JADE STREET</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.117 2	<b>Nonpriority creditor's name and mailing address</b> <b>NORTH STAR WORLD TRADE SERVICES</b> <b>PO BOX 21592</b> <b>EAGAN, MN 55121</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.117 3	<b>Nonpriority creditor's name and mailing address</b> <b>NORTHERN BALANCE &amp; SCALE</b> <b>9556 WEST BLOOMINGTON FREEWAY</b> <b>BLOOMINGTON, MN 55431</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated**  
Name

Case number (if known)

3.117 4	<b>Nonpriority creditor's name and mailing address</b> <b>NORTHERN BUSINESS PRODUCT</b> <b>PO BOX 16127</b> <b>DULUTH, MN 55816-0127</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.117 5	<b>Nonpriority creditor's name and mailing address</b> <b>NORTHERN COMFORT INC</b> <b>917 SOUTH BEND AVENUE</b> <b>MANKATO, MN 56001</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.117 6	<b>Nonpriority creditor's name and mailing address</b> <b>NORTHERN IRON &amp; MACHINE</b> <b>867 FOREST STREET</b> <b>ST. PAUL, MN 55106</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.117 7	<b>Nonpriority creditor's name and mailing address</b> <b>NORTHERN PLASTICS EQUIPMENT INC</b> <b>13570 GROVE DRIVE #294</b> <b>MAPLE GROVE, MN 55311</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.117 8	<b>Nonpriority creditor's name and mailing address</b> <b>NORTHERN SAFETY &amp; INDUSTRIAL</b> <b>PO BOX 4250</b> <b>UTICA, NY 13504-4250</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.117 9	<b>Nonpriority creditor's name and mailing address</b> <b>NORTHERN WIRE LLC</b> <b>26234 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1262</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.118 0	<b>Nonpriority creditor's name and mailing address</b> <b>NORTHFIELD MACHINERY BUILDERS</b> <b>PO BOX 140</b> <b>NORTHFIELD, MN 55057</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.118 1	<b>Nonpriority creditor's name and mailing address</b> <b>NORTHLAND DESIGN &amp; ENGINEERING</b> <b>6082 ROUND VIEW DR.</b> <b>MOTLEY, MN 56466</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.118 2	<b>Nonpriority creditor's name and mailing address</b> <b>NORTHLAND FIRE &amp; SECURITY</b> <b>990 LONE OAK ROAD SUITE 114</b> <b>EAGAN, MN 55121</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.118 3	<b>Nonpriority creditor's name and mailing address</b> <b>NORTHLAND FIRE PROTECTION LLC</b> <b>201 SOUTH 8TH STREET</b> <b>BRAINERD, MN 56401</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.118 4	<b>Nonpriority creditor's name and mailing address</b> <b>NORTHPOST INC</b> <b>1418 INDUSTRIAL PARK BLVD</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.118 5	<b>Nonpriority creditor's name and mailing address</b> <b>NORTHSTAR ACCESS WINDSTREAM</b> <b>P.O. BOX 9001908</b> <b>LOUISVILLE, KY 40290-1908</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,796.97</b>
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3.118 6	<b>Nonpriority creditor's name and mailing address</b> <b>NORTHSTAR CALIBRATION INC.</b> <b>1045 NW 26TH PLACE</b> <b>OWATONNA, MN 55060</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.118 7	<b>Nonpriority creditor's name and mailing address</b> <b>NORTHWEST GRAPHIC SUPPLY</b> <b>4200 EAST LAKE STREET</b> <b>MINNEAPOLIS, MN 55406</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$324.33</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_

Name

3.118 8	<b>Nonpriority creditor's name and mailing address</b> <b>NOTT COMPANY</b> <b>PO BOX 1450</b> <b>N.W.-7779</b> <b>MINNEAPOLIS, MN 55485-7779</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26,983.03</b>
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3.118 9	<b>Nonpriority creditor's name and mailing address</b> <b>NOVATEC INC</b> <b>222 E THOMAS AVE</b> <b>BALTIMORE, MD 21225</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.119 0	<b>Nonpriority creditor's name and mailing address</b> <b>NOVOTECHNIK US INC</b> <b>155 NORTHBORO ROAD</b> <b>SOUTHBOROUGH, MA 01772</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.119 1	<b>Nonpriority creditor's name and mailing address</b> <b>NSF INTERNATIONAL STRATEGIC</b> <b>REGISTRATION</b> <b>DEPT. LOCKBOX # 771380</b> <b>PO BOX 77000</b> <b>DETROIT, MI 48277-1380</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.119 2	<b>Nonpriority creditor's name and mailing address</b> <b>NUHILL TECHNOLOGIES INC</b> <b>PO BOX 17277</b> <b>MINNEAPOLIS, MN 55417-0277</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.119 3	<b>Nonpriority creditor's name and mailing address</b> <b>O'CHEEZE LLC</b> <b>4695 138TH ST W</b> <b>APPLE VALLEY, MN 55124</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.119 4	<b>Nonpriority creditor's name and mailing address</b> <b>OAKDALE PRECISION INC</b> <b>7022 N 6TH ST</b> <b>OAKDALE, MN 55128</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated**  
Name

Case number (if known)

3.119 5	<b>Nonpriority creditor's name and mailing address</b> <b>OBERTO INDUSTRIES, LLC</b> <b>701 BANEHERRY COURT</b> <b>NORTHFIELD, MN 55057</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.119 6	<b>Nonpriority creditor's name and mailing address</b> <b>OCEANTECH</b> <b>1313 WINTER ST SE</b> <b>MINNEAPOLIS, MN 55413</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.119 7	<b>Nonpriority creditor's name and mailing address</b> <b>OFFSHORE MOLDS INC</b> <b>3000 YOUNGFIELD ST</b> <b>SUITE 360</b> <b>WHEAT RIDGE, CO 80215</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$221,829.00</b>
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3.119 8	<b>Nonpriority creditor's name and mailing address</b> <b>OGLETREE, DEAKINS, NASH, SMOAK, &amp; STEWAR</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.119 9	<b>Nonpriority creditor's name and mailing address</b> <b>OIL AIR PRODUCTS LLC</b> <b>13010 COUNTY ROAD 6</b> <b>P.O. BOX 41430</b> <b>PLYMOUTH, MN 55441</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.120 0	<b>Nonpriority creditor's name and mailing address</b> <b>OLSEN CHAIN &amp; CABLE</b> <b>P.O. BOX 851375</b> <b>MINNEAPOLIS, MN 55485-1375</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,918.74</b>
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3.120 1	<b>Nonpriority creditor's name and mailing address</b> <b>OMAR ALISHAQI</b> <b>21372 HYTRAIL CIRCLE</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.120 2	<b>Nonpriority creditor's name and mailing address</b> <b>OMEGA ENGINEERING INC</b> <b>26904 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1269</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.120 3	<b>Nonpriority creditor's name and mailing address</b> <b>OPI INC</b> <b>583 D'ONOFRIO DRIVE</b> <b>SUITE 201</b> <b>MADISON, WI 53719</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.120 4	<b>Nonpriority creditor's name and mailing address</b> <b>OPTIMAS OE SOLUTIONS LLC</b> <b>PO BOX 74008133</b> <b>CHICAGO, IL 60674-8133</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.120 5	<b>Nonpriority creditor's name and mailing address</b> <b>ORANGE COAST PNEUMATICS INC</b> <b>3810 PROSPECT AVE UNIT A</b> <b>YORBA LINDA, CA 92886</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.120 6	<b>Nonpriority creditor's name and mailing address</b> <b>ORBIS PLASTIC MOLDING</b> <b>75 REMITTANCE DRIVE</b> <b>DEPT 6965</b> <b>CHICAGO, IL 60675-6965</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.120 7	<b>Nonpriority creditor's name and mailing address</b> <b>ORGANIZATIONAL CHANGE ADVISORS LLC</b> <b>8401 GOLDEN VALLEY ROAD</b> <b>SUITE 255</b> <b>MINNEAPOLIS, MN 55427-4486</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.120 8	<b>Nonpriority creditor's name and mailing address</b> <b>ORKIN PEST CONTROL</b> <b>235 E. ROSELAWN AVE.</b> <b>SUITE 10</b> <b>MAPLEWOOD, MN 55117-1942</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated**  
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Case number (if known)

3.120 9	<b>Nonpriority creditor's name and mailing address</b> <b>ORRICK, HARRINGTON &amp; SUTCLIFFE LLP</b> <b>1152 15TH ST. NW</b> <b>WASHINGTON, DC 20005</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.121 0	<b>Nonpriority creditor's name and mailing address</b> <b>OSCO INC</b> <b>2937 WATERVIEW DRIVE</b> <b>ROCHESTER HILLS, MI 48309</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.121 1	<b>Nonpriority creditor's name and mailing address</b> <b>OSHA ENVIRONMENTAL COMP SYSTEMS</b> <b>1000 SHELAND PARKWAY #140</b> <b>ST LOUIS PARK, MN 55426</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,600.00</b>
3.121 2	<b>Nonpriority creditor's name and mailing address</b> <b>OSI ENVIRONMENTAL INC</b> <b>1000 LUND BLVD</b> <b>ANOKA, MN 55303</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.121 3	<b>Nonpriority creditor's name and mailing address</b> <b>OSLIN LUMBER</b> <b>907 EAST FOREST</b> <b>MORA, MN 55051</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$925.80</b>
3.121 4	<b>Nonpriority creditor's name and mailing address</b> <b>OSTER &amp; SON</b> <b>PO BOX 221</b> <b>LAKEVILLE, MN 55044</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.121 5	<b>Nonpriority creditor's name and mailing address</b> <b>OTE INTERNATIONAL HOLDINGS</b> <b>6695 CR 4628</b> <b>ATHENS, TX 75752</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
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3.121 6	<b>Nonpriority creditor's name and mailing address</b> <b>OTTER PRODUCTS LLC</b> <b>209 S MELDRUM STREET</b> <b>FORT COLLINS, CO 80521</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.121 7	<b>Nonpriority creditor's name and mailing address</b> <b>OVERHEAD DOOR COMPANY OF MKTO</b> <b>1430 THIRD AVENUE</b> <b>PO BOX 3023</b> <b>MANKATO, MN 56001</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.121 8	<b>Nonpriority creditor's name and mailing address</b> <b>OWENS AUTO PARTS</b> <b>811 S. HWY 65</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$126.54</b>
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3.121 9	<b>Nonpriority creditor's name and mailing address</b> <b>OWENS COMPANIES INC</b> <b>930 EAST 80TH STREET</b> <b>BLOOMINGTON, MN 55420</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,500.00</b>
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3.122 0	<b>Nonpriority creditor's name and mailing address</b> <b>OX BOX</b> <b>1555 WRIGHTWOOD COURT</b> <b>ADDISON, IL 60101</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.122 1	<b>Nonpriority creditor's name and mailing address</b> <b>OXYGEN SERVICE CO</b> <b>PO BOX 856670</b> <b>MINNEAPOLIS, MN 55485-6670</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$830.63</b>
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3.122 2	<b>Nonpriority creditor's name and mailing address</b> <b>P.J. SPRING CO. INC</b> <b>1295 HELENA DR</b> <b>WEST CHICAGO, IL 60185</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated**  
Name

Case number (if known)

3.122 3	<b>Nonpriority creditor's name and mailing address</b> <b>P.S.M. INTERNATIONAL</b> <b>1100 N. MERIDIAN ROAD</b> <b>YOUNGSTOWN, OH 44509</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.122 4	<b>Nonpriority creditor's name and mailing address</b> <b>PACE ANALYTICAL SERVICES</b> <b>P.O. BOX 684056</b> <b>CHICAGO, IL 60695-4056</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.122 5	<b>Nonpriority creditor's name and mailing address</b> <b>PACKAGING CORP OF AMERICA</b> <b>36596 TREASURY CENTER</b> <b>CHICAGO, IL 60694-6500</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$79,865.53</b>
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3.122 6	<b>Nonpriority creditor's name and mailing address</b> <b>PACKAGING SOLUTIONS</b> <b>1940 S. HILBERT STREET</b> <b>MILWAUKEE, WI 53207</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.122 7	<b>Nonpriority creditor's name and mailing address</b> <b>PALLET RESOURCE CORP</b> <b>3371 99TH COURT NE</b> <b>BLAINE, MN 55449</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26,889.55</b>
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3.122 8	<b>Nonpriority creditor's name and mailing address</b> <b>PAMELA SANNAN</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.122 9	<b>Nonpriority creditor's name and mailing address</b> <b>PAN-O-PROG</b> <b>PO BOX 105</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.123 0	<b>Nonpriority creditor's name and mailing address</b> <b>PANAMA TRANSFER</b> <b>600 LA SALLE AVENUE</b> <b>PANAMA, IA 51562</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.123 1	<b>Nonpriority creditor's name and mailing address</b> <b>PANTHER PRECISION MACHINE INC</b> <b>6640 SUNWOOD DRIVE NW</b> <b>RAMSEY, MN 55303</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.123 2	<b>Nonpriority creditor's name and mailing address</b> <b>PANTONE LLC</b> <b>LOCKBOX 62750</b> <b>62750 COLLECTION CENTER DRIVE</b> <b>CHICAGO, IL 60693-0627</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.123 3	<b>Nonpriority creditor's name and mailing address</b> <b>PARALLEL TECHNOLOGIES, INC.</b> <b>VB BOX 147</b> <b>P.O. BOX 9202</b> <b>MINNEAPOLIS, MN 55480-9202</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.123 4	<b>Nonpriority creditor's name and mailing address</b> <b>PARKER SERVICE CENTER</b> <b>7917 COLLECTION CENTER DRIVE</b> <b>CHICAGO, IL 60693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,834.64</b>
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3.123 5	<b>Nonpriority creditor's name and mailing address</b> <b>PATTON INDUSTRIAL PRODUCTS INC</b> <b>8410 PILLSBURY AVENUE SOUTH</b> <b>BLOOMINGTON, MN 55420</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.123 6	<b>Nonpriority creditor's name and mailing address</b> <b>PAUL CHRISTIANSEN CONSTRUCTION</b> <b>2111-260TH ST. W.</b> <b>FARMINGTON, MN 55024</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated**  
Name

Case number (if known)

3.123 7	<b>Nonpriority creditor's name and mailing address</b> <b>PAUL HARRIS</b> <b>11504 22ND AVENUE</b> <b>BURNSVILLE, MN 55337</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.123 8	<b>Nonpriority creditor's name and mailing address</b> <b>PAULA RUSH</b> <b>10856 NOBLE AVENUE NORTH</b> <b>BROOKLYN PARK, MN 55443</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.123 9	<b>Nonpriority creditor's name and mailing address</b> <b>PCC REPRESENTATIVES INC</b> <b>12 KILKENNY PLACE</b> <b>ALAMEDA, CA 94502-7708</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.124 0	<b>Nonpriority creditor's name and mailing address</b> <b>PCMPRO CONSULTING LLC</b> <b>3236 ALABAMA AVENUE</b> <b>ST. LOUIS PARK, MN 55416</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.124 1	<b>Nonpriority creditor's name and mailing address</b> <b>PCS COMPANY</b> <b>DEPT 771831</b> <b>PO BOX 77000</b> <b>DETROIT, MI 48277-1831</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,249.50</b>
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3.124 2	<b>Nonpriority creditor's name and mailing address</b> <b>PEARL BUILDING SERVICES LLC</b> <b>805 GREELEY AVENUE</b> <b>GLENCOE, MN 55336</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.124 3	<b>Nonpriority creditor's name and mailing address</b> <b>PEGGIE SNESRUD</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.124 4	<b>Nonpriority creditor's name and mailing address</b> <b>PEGGY ERICKSON</b> <b>2137 HARBOR STREET</b> <b>MORA, MN 55051</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.124 5	<b>Nonpriority creditor's name and mailing address</b> <b>PENCOM CANADA</b> <b>420 THOMPSON DRIVE</b> <b>UNIT #4</b> <b>CAMBRIDGE, ON N1T 2K8</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.124 6	<b>Nonpriority creditor's name and mailing address</b> <b>PERFECTION SERVO HYDRAULICS</b> <b>26620 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1266</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.124 7	<b>Nonpriority creditor's name and mailing address</b> <b>PERFORMANCE METAL FABRIC</b> <b>25398 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1253</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.124 8	<b>Nonpriority creditor's name and mailing address</b> <b>PERFORMANCE OFFICE PAPERS</b> <b>21565 HAMBURG AVENUE</b> <b>LAKEVILLE, MN 55044</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.124 9	<b>Nonpriority creditor's name and mailing address</b> <b>PERMAY PROTOTYPES &amp; COMPOUNDS</b> <b>W229 N1855 WESTWOOD DR</b> <b>WAUKESHA, WI 53186</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.125 0	<b>Nonpriority creditor's name and mailing address</b> <b>PERSONAL TOUCH DECORATORS</b> <b>PO BOX 229</b> <b>PINE CITY, MN 55063</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.125 1	<b>Nonpriority creditor's name and mailing address</b> <b>PERSONNEL PLUS INC</b> <b>3556 NICOLLET AVE S</b> <b>MINNEAPOLIS, MN 55408</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.125 2	<b>Nonpriority creditor's name and mailing address</b> <b>PETERS LAWN SERVICE</b> <b>PO BOX 4215</b> <b>MANKATO, MN 56002-4215</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.125 3	<b>Nonpriority creditor's name and mailing address</b> <b>PETROCHOICE HOLDINGS INC</b> <b>PO BOX 829604</b> <b>PHILADELPHIA, PA 19182-9604</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.125 4	<b>Nonpriority creditor's name and mailing address</b> <b>PHILIP FATIM</b> <b>16075 GOODVIEW WAY</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.125 5	<b>Nonpriority creditor's name and mailing address</b> <b>PHILIP HOLZ</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.125 6	<b>Nonpriority creditor's name and mailing address</b> <b>PHILLIP COUCH dba ADVANCED TECH</b> <b>219 IBERIS DIRVE</b> <b>ARLINGTON, TX 76018</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,200.00</b>
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3.125 7	<b>Nonpriority creditor's name and mailing address</b> <b>PHILLIP HOFFBECK</b> <b>PO BOX 76</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.125 8	<b>Nonpriority creditor's name and mailing address</b> <b>PHILLIP VANDERWOUDE</b> <b>20979 HOWLAND AVENUE</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.125 9	<b>Nonpriority creditor's name and mailing address</b> <b>PHILLIPS PLATING</b> <b>984 NORTH LAKE AVENUE</b> <b>P.O. BOX 72</b> <b>PHILLIPS, WI 54555</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$35,622.30</b>
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3.126 0	<b>Nonpriority creditor's name and mailing address</b> <b>PHOENIX TECHNOLOGIES INTERNATIONAL LLC</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,883.97</b>
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3.126 1	<b>Nonpriority creditor's name and mailing address</b> <b>PIERCE INDUSTRIAL ELECTRONICS</b> <b>3455 BLUFFTON ROAD</b> <b>DECORAH, IA 52101</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.126 2	<b>Nonpriority creditor's name and mailing address</b> <b>PINNACA</b> <b>8000 NORMAN CENTER DRIVE</b> <b>SUITE 250</b> <b>BLOOMINGTON, MN 55437</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.126 3	<b>Nonpriority creditor's name and mailing address</b> <b>PIONEER METAL</b> <b>2424 N. FOUNDATION DRIVE</b> <b>SOUTH BEND, IN 46628</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.126 4	<b>Nonpriority creditor's name and mailing address</b> <b>PIRTEK BURNSVILLE</b> <b>1409 CLIFF ROAD E</b> <b>BURNSVILLE, MN 55337</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$344.56</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.126 5	<b>Nonpriority creditor's name and mailing address</b> <b>PITNEY BOWES GLOBAL FINANCIAL SERVICES</b> <b>PO BOX 371887</b> <b>PITTSBURGH, PA 15250-7887</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$334.69</b>
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3.126 6	<b>Nonpriority creditor's name and mailing address</b> <b>PITNEY BOWES PURCHASE POWER</b> <b>PO BOX 371874</b> <b>PITTSBURGH, PA 15250-7874</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$101.17</b>
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3.126 7	<b>Nonpriority creditor's name and mailing address</b> <b>PLACON CORPORATION</b> <b>LOCKBOX DRAWER 754</b> <b>MILWAUKEE, WI 53278-0754</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.126 8	<b>Nonpriority creditor's name and mailing address</b> <b>PLASTECH CORPORATION</b> <b>PO BOX 7</b> <b>RUSH CITY, MN 55069</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,500.82</b>
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3.126 9	<b>Nonpriority creditor's name and mailing address</b> <b>PLASTIC ENGINEERING &amp; TECHNICAL SERVICES</b> <b>4141 LUELLA LANE</b> <b>AUBURN HILLS, MI 48326</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.127 0	<b>Nonpriority creditor's name and mailing address</b> <b>PLASTIC INGENUITY</b> <b>1017 PARK STREET</b> <b>CROSS PLAINS, WI 53528</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.127 1	<b>Nonpriority creditor's name and mailing address</b> <b>PLASTIC PROCESS EQUIPMENT</b> <b>PO BOX 670425</b> <b>NORTHFIELD, OH 44067-0425</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,660.61</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.127 2	<b>Nonpriority creditor's name and mailing address</b> <b>PLASTIC SERVICE CENTER</b> <b>PAY VIA ACH</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,524.40</b>
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3.127 3	<b>Nonpriority creditor's name and mailing address</b> <b>PLASTIC SOLUTIONS, INC.</b> <b>P.O. BOX 890125</b> <b>CHARLOTTE, NC 28289-0125</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.127 4	<b>Nonpriority creditor's name and mailing address</b> <b>PLASTICS COLOR CORPORATION</b> <b>14201 PAXTON AVENUE</b> <b>CALUMET CITY, IL 60409</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.127 5	<b>Nonpriority creditor's name and mailing address</b> <b>PLASTICS NEWS</b> <b>PO BOX 3177</b> <b>NORTHBROOK, IL 60065-9822</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.127 6	<b>Nonpriority creditor's name and mailing address</b> <b>PLASTICS UNLIMITED</b> <b>303 1ST STREET NW</b> <b>PRESTON, IA 52069</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,136.00</b>
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3.127 7	<b>Nonpriority creditor's name and mailing address</b> <b>PLASTRAC INC</b> <b>PO BOX 1067</b> <b>EDGEMONT, PA 19028</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.127 8	<b>Nonpriority creditor's name and mailing address</b> <b>PLUNKETTS PEST CONTROL</b> <b>40 NE 52ND WAY</b> <b>FRIDLEY, MN 55421-1014</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.127 9	<b>Nonpriority creditor's name and mailing address</b> <b>PLYMOUTH FOAM</b> <b>P.O. BOX 407</b> <b>PLYMOUTH, WI 53073</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.128 0	<b>Nonpriority creditor's name and mailing address</b> <b>POLAR PLASTICS INC</b> <b>6959 N. 55TH ST.</b> <b>OAKDALE, MN 55128</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.128 1	<b>Nonpriority creditor's name and mailing address</b> <b>POLARIS INDUSTRIES</b> <b>HWY 89 SOUTH</b> <b>301 5TH AVE S.W.</b> <b>ROSEAU, MN 56751</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$30,000.00</b>
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3.128 2	<b>Nonpriority creditor's name and mailing address</b> <b>POLICE OFFICERS ALLIANCE</b> <b>PO BOX 25673</b> <b>WOODBURY, MN 55125-0673</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.128 3	<b>Nonpriority creditor's name and mailing address</b> <b>POLY TECH PACKAGING INC</b> <b>P.O. BOX 276</b> <b>CHANHASSEN, MN 55317-0276</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.128 4	<b>Nonpriority creditor's name and mailing address</b> <b>POLYMER LAB</b> <b>1302 SOUTH FIFTH STREET</b> <b>HOPKINS, MN 55343-7877</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.128 5	<b>Nonpriority creditor's name and mailing address</b> <b>POLYMER MOLDING INC</b> <b>1655 WEST 20TH ST.</b> <b>ERIE, PA 16502</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.128 6	<b>Nonpriority creditor's name and mailing address</b> <b>POLYMER RESOURCES</b> <b>595 SUMMER STREET</b> <b>STAMFORD, CT 06901</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$36,375.00</b>
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3.128 7	<b>Nonpriority creditor's name and mailing address</b> <b>POLYMER TECHNOLOGY &amp; SERVICES LLC</b> <b>2315 SOUTHPARK DRIVE</b> <b>MURFREESBORO, TN 37128</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.128 8	<b>Nonpriority creditor's name and mailing address</b> <b>POLYONE COLOR</b> <b>DEPT CH 10489</b> <b>PALATINE, IL 60055-0489</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,337.13</b>
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3.128 9	<b>Nonpriority creditor's name and mailing address</b> <b>POLYONE CORP GLS TPE</b> <b>DEPT CH 10489</b> <b>PALATINE, IL 60055-0489</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,140.41</b>
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3.129 0	<b>Nonpriority creditor's name and mailing address</b> <b>POLYONE RESIN</b> <b>DEPT CH 10489</b> <b>PALATINE, IL 60055-0489</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$437,093.24</b>
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3.129 1	<b>Nonpriority creditor's name and mailing address</b> <b>POLYSOURCE, LLC</b> <b>3730 S ELIZABETH ST, STE B</b> <b>INDEPENDENCE, MO 64057</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$97,203.18</b>
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3.129 2	<b>Nonpriority creditor's name and mailing address</b> <b>POROUS MEDIA</b> <b>16622 COLLECTIONS CENTER DRIVE</b> <b>CHICAGO, IL 60693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.129 3	<b>Nonpriority creditor's name and mailing address</b> <b>PORTABLE INTELLIGENCE INC.</b> <b>6 SHIELDS CRT, UNIT # 205</b> <b>MARKHAM, ONTARIO L3R 4S1</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.129 4	<b>Nonpriority creditor's name and mailing address</b> <b>PORTAGE PLASTICS CORPORATION</b> <b>P.O. BOX 640</b> <b>PORTAGE, WI 53901-0640</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.129 5	<b>Nonpriority creditor's name and mailing address</b> <b>POST HASTE BUSINESS SOLUTIONS</b> <b>5842 OLD MAIN STREET</b> <b>SUITE 7</b> <b>NORTH BRANCH, MN 55056</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.129 6	<b>Nonpriority creditor's name and mailing address</b> <b>POWELL, MCGEE ASSOCIATES, INC</b> <b>4599 CHATSWORTH STREET NORTH</b> <b>SHOREVIEW, MN 55126-5813</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$470.00</b>
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3.129 7	<b>Nonpriority creditor's name and mailing address</b> <b>POWER MATION</b> <b>PO BOX 860314</b> <b>MINNEAPOLIS, MN 55486-0314</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.129 8	<b>Nonpriority creditor's name and mailing address</b> <b>POWER PROCESS EQUIP INC</b> <b>1660 LAKE DRIVE WEST</b> <b>CHANHASSEN, MN 55317</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$849.66</b>
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3.129 9	<b>Nonpriority creditor's name and mailing address</b> <b>POWER SYSTEMS</b> <b>8325 COMMERCE DRIVE</b> <b>CHANHASSEN, MN 55317</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.130 0	<b>Nonpriority creditor's name and mailing address</b> <b>PPI SEARCH &amp; CONSULTING</b> <b>TWO APPLETREE SQUARE #336</b> <b>BLOOMINGTON, MN 55425</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.130 1	<b>Nonpriority creditor's name and mailing address</b> <b>PQL, INC</b> <b>2285 WARD AVE</b> <b>SIMI VALLEY, CA 93065</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.130 2	<b>Nonpriority creditor's name and mailing address</b> <b>PRAIRIE AUTOMATION LIMITED</b> <b>31196 490TH STREET</b> <b>KASOTA, MN 56050</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,427.60</b>
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3.130 3	<b>Nonpriority creditor's name and mailing address</b> <b>PRAIRIE TOOL CO INC</b> <b>723 COMMERCE ST.</b> <b>ABERDEEN, SD 57401</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.130 4	<b>Nonpriority creditor's name and mailing address</b> <b>PRECISION ASSOCIATES</b> <b>3800 WASHINGTON AVE. N.</b> <b>MINNEAPOLIS, MN 55412-2142</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.130 5	<b>Nonpriority creditor's name and mailing address</b> <b>PRECISION FASTENERS INC</b> <b>24 WORLD FAIR DRIVE UNIT D</b> <b>SOMERSET, NJ 08873</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.130 6	<b>Nonpriority creditor's name and mailing address</b> <b>PRECISION GASKET COMPANY</b> <b>5732 LINCOLN DRIVE</b> <b>EDINA, MN 55436</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,160.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.130 7	<b>Nonpriority creditor's name and mailing address</b> <b>PRECISION PUNCH &amp; PLASTICS</b> <b>6100 BLUE CIRCLE DRIVE</b> <b>MINNETONKA, MN 55343</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.130 8	<b>Nonpriority creditor's name and mailing address</b> <b>PRECISION REPAIR</b> <b>9150 ISANTI ST NE</b> <b>BLAINE, MN 55449</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.130 9	<b>Nonpriority creditor's name and mailing address</b> <b>PRECISION SIGNS LLC</b> <b>209 S MAIN STREET</b> <b>AUSTIN, MN 55912</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.131 0	<b>Nonpriority creditor's name and mailing address</b> <b>PREFER PAVING INC</b> <b>1005 S BREMER AVENUE</b> <b>PO BOX 709</b> <b>RUSH CITY, MN 55069</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.131 1	<b>Nonpriority creditor's name and mailing address</b> <b>PREFERRED METALFAB INC</b> <b>2328 195TH AVE.</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.131 2	<b>Nonpriority creditor's name and mailing address</b> <b>PREFERRED ONE INSURANCE CO.</b> <b>NW7115</b> <b>PO BOX 1450</b> <b>MINNEAPOLIS, MN 55485-7115</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.131 3	<b>Nonpriority creditor's name and mailing address</b> <b>PREFERRED TOOL</b> <b>3140 VIKING BLVD NE</b> <b>EAST BETHEL, MN 55092</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_

Name

3.131 4	<b>Nonpriority creditor's name and mailing address</b> <b>PREMIER PRODUCTS INC</b> <b>PO BOX 556</b> <b>300 S. MAIN ST.</b> <b>BRAHAM, MN 55006-0556</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.131 5	<b>Nonpriority creditor's name and mailing address</b> <b>PREMIUM QUALITY MAGNETS INC</b> <b>8925 HWY 101 W</b> <b>CORCORAN, MN 55340</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.131 6	<b>Nonpriority creditor's name and mailing address</b> <b>PRESMA CORP</b> <b>VIA DELLE INDUSTRIE, 8/10</b> <b>21040 TORBA DI GORNATE</b> <b>OLONA (VA)</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.131 7	<b>Nonpriority creditor's name and mailing address</b> <b>PRESTIGE PRODUCTS INC</b> <b>1403 WEST BROADWAY</b> <b>MINNEAPOLIS, MN 55411</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.131 8	<b>Nonpriority creditor's name and mailing address</b> <b>PRESTIGE SORTING INC</b> <b>26155 GROESBECK HWY</b> <b>WARREN, MI 48089</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$375.00</b>
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3.131 9	<b>Nonpriority creditor's name and mailing address</b> <b>PRICE ON-SITE</b> <b>BOX 337</b> <b>WAUKESHA, WI 53187-0337</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.132 0	<b>Nonpriority creditor's name and mailing address</b> <b>PRIMEFLEX LABELS INC</b> <b>7 INVERNESS DRIVE EAST</b> <b>ENGLEWOOD, CO 80112</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.132 1	<b>Nonpriority creditor's name and mailing address</b> <b>PRINT SOLUTIONS</b> <b>21021 HERON WAY SUITE 101</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.132 2	<b>Nonpriority creditor's name and mailing address</b> <b>PRINTEX</b> <b>12800 BROOKPRINTER PLACE</b> <b>POWAY, CA 92064</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$56.19</b>
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3.132 3	<b>Nonpriority creditor's name and mailing address</b> <b>PRIORITY COURIER EXPERTS</b> <b>P.O. BOX 10699</b> <b>ST. PAUL, MN 55110</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,595.63</b>
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3.132 4	<b>Nonpriority creditor's name and mailing address</b> <b>PRIORITY PRINTER SERVICES</b> <b>12150 JUNIPER STREET</b> <b>COON RAPIDS, MN 55448</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.132 5	<b>Nonpriority creditor's name and mailing address</b> <b>PRO TECH</b> <b>9946 HIGHWAY 10 NW</b> <b>ELK RIVER, MN 55330</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.132 6	<b>Nonpriority creditor's name and mailing address</b> <b>PRO-BUILD</b> <b>11356 215TH STREET W</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.132 7	<b>Nonpriority creditor's name and mailing address</b> <b>PROCESS TECHNICIANS INC</b> <b>6623 108TH COURT N</b> <b>BROOKLYN PARK, MN 55445</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated**  
Name

Case number (if known)

3.132 8	<b>Nonpriority creditor's name and mailing address</b> <b>PRODATA</b> <b>2809 SOUTH 160TH ST SUITE 401</b> <b>OMAHA, NE 68130</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.132 9	<b>Nonpriority creditor's name and mailing address</b> <b>PRODUCTIVITY QUALITY INC</b> <b>LOCKBOX #446022</b> <b>P.O. BOX 64775</b> <b>ST PAUL, MN 55164-0775</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,482.84</b>
3.133 0	<b>Nonpriority creditor's name and mailing address</b> <b>PRODUCTIVITY QUALITY SYSTEMS INC</b> <b>PO BOX 750010</b> <b>DAYTON, OH 45475-0010</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.133 1	<b>Nonpriority creditor's name and mailing address</b> <b>PROFESSIONAL PLASTICS</b> <b>DEPT LA 23218</b> <b>PASADENA, CA 91185-3218</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.133 2	<b>Nonpriority creditor's name and mailing address</b> <b>PROGRESSIVE COMPONENTS</b> <b>C/O JP MORGAN BANK</b> <b>P.O. BOX 734434</b> <b>CHICAGO, IL 60673-4434</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,718.81</b>
3.133 3	<b>Nonpriority creditor's name and mailing address</b> <b>PROHEAT</b> <b>P.O. BOX 48</b> <b>LAGRANGE, KY 40031</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.133 4	<b>Nonpriority creditor's name and mailing address</b> <b>PROTO LABS, INC.</b> <b>PO BOX 856933</b> <b>MINNEAPOLIS, MN 55485-6933</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
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3.133 5	<b>Nonpriority creditor's name and mailing address</b> <b>PROTURF</b> <b>7780 WEST 215TH STREET</b> <b>LAKEVILLE, MN 55044</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,020.50</b>
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3.133 6	<b>Nonpriority creditor's name and mailing address</b> <b>PTX</b> <b>9841 YORK ALPHA DRIVE</b> <b>NORTH ROYALTON, OH 44133</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.133 7	<b>Nonpriority creditor's name and mailing address</b> <b>PUGLEASA CO INC</b> <b>1253 CONNELLY AVE.</b> <b>ARDEN HILLS, MN 55112</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.133 8	<b>Nonpriority creditor's name and mailing address</b> <b>Q PRINTING LLC</b> <b>3015 82ND LANE NE</b> <b>BLAINE, MN 55449</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.133 9	<b>Nonpriority creditor's name and mailing address</b> <b>QC TECHNIQUES INC.</b> <b>PO BOX 386</b> <b>ROSEAU, MN 56751</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.134 0	<b>Nonpriority creditor's name and mailing address</b> <b>QMC EQUIPMENT</b> <b>PO BOX 25444</b> <b>ST PAUL, MN 55125</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.134 1	<b>Nonpriority creditor's name and mailing address</b> <b>QQUEST SOFTWARE SYSTEMS</b> <b>PO BOX 860</b> <b>SANDY, UT 84091</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated**  
Name

Case number (if known)

3.134 2	<b>Nonpriority creditor's name and mailing address</b> <b>QUAD PACKAGING</b> <b>PO BOX 644840</b> <b>PITTSBURGH, PA 15264-4840</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.134 3	<b>Nonpriority creditor's name and mailing address</b> <b>QUALCOMP RESEARCH COMPANY</b> <b>1580 EAST CONSTANCE DRIVE</b> <b>MINNEAPOLIS, MN 55422</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.134 4	<b>Nonpriority creditor's name and mailing address</b> <b>QUALITY ENGINEERING SERVICE</b> <b>4515 ROBIN ROAD</b> <b>EAU CLAIRE, WI 54703</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.134 5	<b>Nonpriority creditor's name and mailing address</b> <b>QUALITY EXTRUSION LLC</b> <b>1904 WILLOW STREET</b> <b>MANKATO, MN 56002-3068</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.134 6	<b>Nonpriority creditor's name and mailing address</b> <b>QUALITY LANDSCAPING &amp; WATER FEATURES</b> <b>2012 - 180TH AVE.</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.134 7	<b>Nonpriority creditor's name and mailing address</b> <b>QUALITY TAPE INC</b> <b>PO BOX 765</b> <b>1607 SO CONCORD STREET</b> <b>SO ST PAUL, MN 55075</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.134 8	<b>Nonpriority creditor's name and mailing address</b> <b>QUANTUM EXECUTIVE SEARCH</b> <b>17795 32ND PLACE NORTH</b> <b>PLYMOUTH, MN 55447</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.134 9	<b>Nonpriority creditor's name and mailing address</b> <b>QUE COMPUTERS</b> <b>VILLAGE EAST CENTER</b> <b>2140 HOFFMANN ROAD</b> <b>MANKATO, MN 56001</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.135 0	<b>Nonpriority creditor's name and mailing address</b> <b>QUEST DIAGNOSTICS</b> <b>PO BOX 740709</b> <b>ATLANTA, GA 30374-0709</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.135 1	<b>Nonpriority creditor's name and mailing address</b> <b>QUEST ENGINEERING INC</b> <b>2300 EDGEWOOD AVENUE SOUTH</b> <b>ST LOUIS PARK, MN 55426</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.135 2	<b>Nonpriority creditor's name and mailing address</b> <b>QUICKSILVER EXPRESS</b> <b>PO BOX 64417</b> <b>ST PAUL, MN 55164-0417</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.135 3	<b>Nonpriority creditor's name and mailing address</b> <b>QUIST ELECTRONICS</b> <b>ATTN: ACCOUNTS RECEIVABLE</b> <b>15153 TECHNOLOGY DR, SUITE A</b> <b>EDEN PRAIRIE, MN 55344</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$436.40</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.135 4	<b>Nonpriority creditor's name and mailing address</b> <b>R &amp; L SPRING COMPANY</b> <b>1097 GENEVA PARKWAY</b> <b>LAKE GENEVA, WI 53147</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.135 5	<b>Nonpriority creditor's name and mailing address</b> <b>R &amp; M MANUFACTURING CO LLC</b> <b>200 CENTENNIAL DRIVE</b> <b>BUFFALO, MN 55313</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,509.30</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **Imperial Plastics, Incorporated**  
Name

Case number (if known)

3.135 6	<b>Nonpriority creditor's name and mailing address</b> <b>R L CARRIERS</b> <b>600 GILMAN ROAD</b> <b>WILMINGTON, OH 45177</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.135 7	<b>Nonpriority creditor's name and mailing address</b> <b>R&amp;D ENGINEERING &amp; MACHINING LLC</b> <b>1394 HIGHLAND ROAD</b> <b>STILLWATER, MN 55082</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.135 8	<b>Nonpriority creditor's name and mailing address</b> <b>R. L. TOOL INC</b> <b>7409 WASHINGTON AVE. S.</b> <b>EDINA, MN 55439</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.135 9	<b>Nonpriority creditor's name and mailing address</b> <b>R.E PURVIS &amp; ASSOCIATES INC</b> <b>11400 HAMPSHIRE AVENUE SOUTH</b> <b>BLOOMINGTON, MN 55438</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.136 0	<b>Nonpriority creditor's name and mailing address</b> <b>R.L. HUDSON</b> <b>DEPT 2434</b> <b>TULSA, OK 74182</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.136 1	<b>Nonpriority creditor's name and mailing address</b> <b>R/C MACHINING COMPANY</b> <b>440 15TH ST. SE</b> <b>GLENWOOD, MN 56334-9103</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.136 2	<b>Nonpriority creditor's name and mailing address</b> <b>RADA MFG CO</b> <b>905 INDUSTRIAL ST</b> <b>PO BOX 838</b> <b>WAVERLY, IA 50677</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated**  
Name

Case number (if known)

3.136 3	<b>Nonpriority creditor's name and mailing address</b> <b>RADWELL INTERNATIONAL</b> <b>PO BOX 419343</b> <b>BOSTON, MA 02241-9343</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$967.94</b>
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3.136 4	<b>Nonpriority creditor's name and mailing address</b> <b>RAMPF GROUP INC</b> <b>49037 WIXOM TECH DRIVE</b> <b>WIXOM, MI 48393</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.136 5	<b>Nonpriority creditor's name and mailing address</b> <b>RANDSTAD STAFFING</b> <b>PO BOX 2084</b> <b>CAROL STREAM, IL 60132-2084</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.136 6	<b>Nonpriority creditor's name and mailing address</b> <b>RANDY AHLM</b> <b>11 MERWIN ST #506</b> <b>NORWALK, CT 06850</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.136 7	<b>Nonpriority creditor's name and mailing address</b> <b>RANDY HERGES</b> <b>1498 HICKORY STREET</b> <b>OGILVIE, MN 56358</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.136 8	<b>Nonpriority creditor's name and mailing address</b> <b>RANDY PEDERSON</b> <b>13174 JENKINS STREET NE</b> <b>BLAINE, MN 55449</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.136 9	<b>Nonpriority creditor's name and mailing address</b> <b>RANGER AUTOMATION SYSTEMS INC</b> <b>820 BOSTON TURNPIKE ROAD</b> <b>SHREWSBURY, MA 01545</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated**  
Name

Case number (if known)

3.137 0	<b>Nonpriority creditor's name and mailing address</b> <b>RAPID GRANULATOR INC.</b> <b>PO BOX # 645362</b> <b>PITTSBURGH, PA 15264-5362</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.137 1	<b>Nonpriority creditor's name and mailing address</b> <b>RAPID PACKAGING INC</b> <b>8700 109TH AVE N, SUITE 300</b> <b>CHAMPLIN, MN 55316</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.137 2	<b>Nonpriority creditor's name and mailing address</b> <b>RARE EARTH COATINGS</b> <b>412 S. GILMAN AVE.</b> <b>LITCHFIELD, MN 55355</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,562.00</b>
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3.137 3	<b>Nonpriority creditor's name and mailing address</b> <b>RAYMOND GAY</b> <b>TWO GUYS BUILDING CONSTRUCTION</b> <b>53760 BAYBERRY AVE.</b> <b>BRAHAM, MN 55006</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.137 4	<b>Nonpriority creditor's name and mailing address</b> <b>RB PAINTING &amp; METAL FINISHING</b> <b>8920 W. 35W SERVICE DRIVE</b> <b>BLAINE, MN 55449</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,831.41</b>
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3.137 5	<b>Nonpriority creditor's name and mailing address</b> <b>READY MADE PLASTIC TRAYS</b> <b>960 E FRANKLIN ROAD</b> <b>MERIDIAN, ID 83642</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.137 6	<b>Nonpriority creditor's name and mailing address</b> <b>REAL TIME ENTERPRISES INC</b> <b>10181 CROSSTOWN CIRCLE</b> <b>EDEN PRAIRIE, MN 55344</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_

Name

3.137 7	<b>Nonpriority creditor's name and mailing address</b> <b>RECYCLE TECHNOLOGIES INC</b> <b>4000 WINNETKA AVENUE NORTH #210</b> <b>MINNEAPOLIS, MN 55427</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.137 8	<b>Nonpriority creditor's name and mailing address</b> <b>RED WING SHOE STORE</b> <b>15465 CEDAR AVENUE</b> <b>APPLE VALLEY, MN 55124-7074</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.137 9	<b>Nonpriority creditor's name and mailing address</b> <b>REDSTONE CONSTRUCTION CO</b> <b>PO BOX 218</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.138 0	<b>Nonpriority creditor's name and mailing address</b> <b>REEDY INTERNATIONAL CORP</b> <b>ATTN: ACCOUNTS PAYABLE</b> <b>PO BOX 38486</b> <b>CHARLOTTE, NC 28278</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,493.00</b>
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3.138 1	<b>Nonpriority creditor's name and mailing address</b> <b>REELL PRECISION MANUFACTURING</b> <b>1259 WILLOW LAKE BLVD</b> <b>ST. PAUL, MN 55110</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.138 2	<b>Nonpriority creditor's name and mailing address</b> <b>RELIABLE PRODUCTS INC</b> <b>PO BOX 277</b> <b>LOBELVILLE, TN 37097</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,020.00</b>
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3.138 3	<b>Nonpriority creditor's name and mailing address</b> <b>RELIAANCE DESIGN &amp; MANUFACTURE</b> <b>CORP</b> <b>NO 19 LN 166 YANHE ST</b> <b>YONGKANG DIST</b> <b>TAINAN CITY 71082</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.138 4	<b>Nonpriority creditor's name and mailing address</b> <b>RELIANCE ELECTRIC OF SOUTHERN MINNESOTA</b> <b>1110 NORTH RIVER DRIVE</b> <b>NORTH MANKATO, MN 56003</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.138 5	<b>Nonpriority creditor's name and mailing address</b> <b>RENATA HOLAHAN</b> <b>3268 XENWOOD AVENUE SOUTH</b> <b>MINNEAPOLIS, MN 55416</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.138 6	<b>Nonpriority creditor's name and mailing address</b> <b>RENEE CRISMAN</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.138 7	<b>Nonpriority creditor's name and mailing address</b> <b>RENNCO LLC</b> <b>300 ELM STREET</b> <b>HOMER, MI 49245</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$753.25</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.138 8	<b>Nonpriority creditor's name and mailing address</b> <b>RENTOKIL NORTH AMERICA INC.</b> <b>PO BOX 13848</b> <b>READING, PA 19612</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$642.78</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.138 9	<b>Nonpriority creditor's name and mailing address</b> <b>RESMART LLC</b> <b>PO BOX 6195</b> <b>FORT WORTH, TX 76115</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$192.50</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.138 0	<b>Nonpriority creditor's name and mailing address</b> <b>RESTORATION TECHNOLOGIES</b> <b>3695 PRAIRIE LAKE COURT</b> <b>AURORA, IL 60504</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.139 1	<b>Nonpriority creditor's name and mailing address</b> <b>REYNOLDS REHABILITATION ENTERPRISES</b> <b>2119 CLIFF ROAD</b> <b>EAGAN, MN 55122</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.139 2	<b>Nonpriority creditor's name and mailing address</b> <b>RHEEM</b> <b>24622 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1246</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.139 3	<b>Nonpriority creditor's name and mailing address</b> <b>RHETECH INC</b> <b>DEPT. 77214</b> <b>P.O. BOX 77000</b> <b>DETROIT, MI 48277-0214</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.139 4	<b>Nonpriority creditor's name and mailing address</b> <b>RICE BUILDING SYSTEMS INC</b> <b>1019 INDUSTRIAL DRIVE S</b> <b>PO BOX 128</b> <b>SAUK RAPIDS, MN 56379</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,488.00</b>
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3.139 5	<b>Nonpriority creditor's name and mailing address</b> <b>RICHARD FISCHER</b> <b>2112 MAHOGANY STREET</b> <b>MORA, MN 55051</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.139 6	<b>Nonpriority creditor's name and mailing address</b> <b>RICHARD POPE</b> <b>380 WHELOCK PARKWAY</b> <b>APT. 349</b> <b>SAINT PAUL, MN 55130</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.139 7	<b>Nonpriority creditor's name and mailing address</b> <b>RICKE MATTISON</b> <b>2622 210TH AVENUE</b> <b>MORA, MN 55051</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated**  
Name

Case number (if known)

3.139 8	<b>Nonpriority creditor's name and mailing address</b> <b>RIE COATINGS INC</b> <b>PO BOX 350</b> <b>221 LOGEALS ST</b> <b>EDEN VALLEY, MN 55329-1646</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.139 9	<b>Nonpriority creditor's name and mailing address</b> <b>RISK ADMINISTRATION SERVICES</b> <b>PO BOX 860065</b> <b>MINNEAPOLIS, MN 55486-0065</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.140 0	<b>Nonpriority creditor's name and mailing address</b> <b>RIVER BEND RENTAL</b> <b>P.O. BOX 2264</b> <b>MANKATO, MN 56002</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.140 1	<b>Nonpriority creditor's name and mailing address</b> <b>RIVER COUNTRY COOPERATIVE</b> <b>9072 CAHILL AVENUE</b> <b>INVER GROVE HEIGHTS, MN 55076</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.140 2	<b>Nonpriority creditor's name and mailing address</b> <b>RIVERBEND INDUSTRIES</b> <b>P.O. BOX 671299</b> <b>DALLAS, TX 75267-1299</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.140 3	<b>Nonpriority creditor's name and mailing address</b> <b>RIVERFRONT TECHNOLOGY LLC</b> <b>PO BOX 3087</b> <b>MANKATO, MN 56002</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.140 4	<b>Nonpriority creditor's name and mailing address</b> <b>RJ AHMANN COMPANY</b> <b>7555 MARKET PLACE DRIVE</b> <b>EDEN PRAIRIE, MN 55344</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.140 5	<b>Nonpriority creditor's name and mailing address</b> <b>RJG, INC</b> <b>3111 PARK DRIVE</b> <b>TRAVERSE CITY, MI 49686</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.140 6	<b>Nonpriority creditor's name and mailing address</b> <b>RM PARTNERS LAW LLC</b> <b>305 N PEORIA ST.</b> <b>STE. 200</b> <b>CHICAGO, IL 60607</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.140 7	<b>Nonpriority creditor's name and mailing address</b> <b>RMH SYSTEMS, INC</b> <b>PO BOX 3251</b> <b>OMAHA, NE 68103</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.140 8	<b>Nonpriority creditor's name and mailing address</b> <b>ROBERT HALF MANAGEMENT RESOURCES</b> <b>P.O. BOX 743295</b> <b>LOS ANGELES, CA 90074-3295</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.140 9	<b>Nonpriority creditor's name and mailing address</b> <b>ROBERT JOHNSON</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.141 0	<b>Nonpriority creditor's name and mailing address</b> <b>ROBERT LYNN JOHNSON</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$320.00</b>
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3.141 1	<b>Nonpriority creditor's name and mailing address</b> <b>ROBERT STEVE LUSSO JR dba INTEGRITY</b> <b>TECH</b> <b>708 4TH STREET</b> <b>ST PAUL PARK, MN 55071</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.141 2	<b>Nonpriority creditor's name and mailing address</b> <b>ROBERT T LYNCH</b> <b>4681 ASPEN RIDGE CIRCLE</b> <b>EAGAN, MN 55122</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.141 3	<b>Nonpriority creditor's name and mailing address</b> <b>ROBINSON RUBBER PRODUCTS</b> <b>COMPANY, INC</b> <b>4600 QUEBEC AVENUE NORTH</b> <b>MINNEAPOLIS, MN 55458-4916</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.141 4	<b>Nonpriority creditor's name and mailing address</b> <b>ROBOTIC AUTOMATION SYSTEMS</b> <b>204 MORAVIAN VALLEY ROAD, SUITE B</b> <b>WAUNAKEE, WI 53597</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.141 5	<b>Nonpriority creditor's name and mailing address</b> <b>ROBOTWORX</b> <b>SCOTT SYSTEMS INTERNATION</b> <b>370 W FAIRGROUND ST.</b> <b>MARION, OH 43302</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.141 6	<b>Nonpriority creditor's name and mailing address</b> <b>ROCHELEAU TOOL &amp; DIE CO INC</b> <b>117 INDUSTRIAL ROAD</b> <b>FITCHBURG, MA 01420</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.141 7	<b>Nonpriority creditor's name and mailing address</b> <b>ROCKET CRANE SERVICE, INC</b> <b>8401 54TH AVENUE NORTH</b> <b>NEW HOPE, MN 55428</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.141 8	<b>Nonpriority creditor's name and mailing address</b> <b>ROCKFORD FASTENER, INC.</b> <b>PO BOX 884</b> <b>ROCKFORD, IL 61102</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_

Name

3.141 9	<b>Nonpriority creditor's name and mailing address</b> <b>ROCKFORD SPECIALTIES COMPANY</b> <b>5601 INDUSTRIAL AVENUE</b> <b>LOVES PARK, IL 61111</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.142 0	<b>Nonpriority creditor's name and mailing address</b> <b>ROCKLIN MANUFACTURING CO</b> <b>P.O. BOX 1259</b> <b>SOUIX CITY, IA 51102-1259</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.142 1	<b>Nonpriority creditor's name and mailing address</b> <b>RON KADLEC EXCAVATING</b> <b>2030 KINGSTON TRAIL</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.142 2	<b>Nonpriority creditor's name and mailing address</b> <b>RONAN INDUSTRIES INC</b> <b>P.O. BOX 646</b> <b>CEDAR FALLS, IA 50613</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$65,262.10</b>
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3.142 3	<b>Nonpriority creditor's name and mailing address</b> <b>ROSE COGNITION</b> <b>JAMES VAN SLOUN</b> <b>3304 45TH AVE. S.</b> <b>MINNEAPOLIS, MN 55406</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.142 4	<b>Nonpriority creditor's name and mailing address</b> <b>ROSEMOUNT SAW &amp; TOOL</b> <b>14760 S. ROBERT TRAIL</b> <b>ROSEMOUNT, MN 55068</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24.10</b>
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3.142 5	<b>Nonpriority creditor's name and mailing address</b> <b>ROTERTS FLOORING AND CLEANING</b> <b>SERVICE LL</b> <b>100 HILTON COURT</b> <b>MANKATO, MN 56001</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_

Name

3.142 6	<b>Nonpriority creditor's name and mailing address</b> <b>ROTO ROOTER SERVICE COMPANY</b> <b>5672 COLLECTIONS CENTER DR.</b> <b>CHICAGO, IL 60693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.142 7	<b>Nonpriority creditor's name and mailing address</b> <b>ROUTSIS TRAINING</b> <b>PO BOX 894</b> <b>DRACUT, MA 01826</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.142 8	<b>Nonpriority creditor's name and mailing address</b> <b>RSM US LLP</b> <b>5155 PAYSPHERE CIRCLE</b> <b>CHICAGO, IL 60674</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$27,300.00</b>
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3.142 9	<b>Nonpriority creditor's name and mailing address</b> <b>RT FIRENZE SRL</b> <b>VIA DI STAGNO N.35/37</b> <b>LASTRA A SIGNA 50055</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.143 0	<b>Nonpriority creditor's name and mailing address</b> <b>RTP COMPANY</b> <b>8222 SOLUTIONS CENTER</b> <b>CHICAGO, IL 60677-8000</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$40,203.71</b>
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3.143 1	<b>Nonpriority creditor's name and mailing address</b> <b>RUBBER INDUSTRIES INC</b> <b>200 CAVANAUGH DR.</b> <b>SHAKOPEE, MN 55379</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.143 2	<b>Nonpriority creditor's name and mailing address</b> <b>RUBBER PRODUCTS DISTRIBUTION</b> <b>1741 KEATON WAY</b> <b>STE. C</b> <b>GREENWOOD, IN 46143</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.143 3	<b>Nonpriority creditor's name and mailing address</b> <b>RUBBER STAMPS UNLIMITED</b> <b>334 SOUTH HARVEY ST</b> <b>PLYMOUTH, MI 48170</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.143 4	<b>Nonpriority creditor's name and mailing address</b> <b>RUMCO INC</b> <b>989 PAULY DRIVE</b> <b>ELK GROVE VILLAGE, IL 60007</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.143 5	<b>Nonpriority creditor's name and mailing address</b> <b>RUSS AUTO BODY</b> <b>842 EAST FOREST</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.143 6	<b>Nonpriority creditor's name and mailing address</b> <b>RUSSELL CASTILLO</b> <b>18942 EXCALIBUR TRAIL</b> <b>FARMINGTON, MN 55024</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.143 7	<b>Nonpriority creditor's name and mailing address</b> <b>RUSSELL GLEASON</b> <b>792 KENWOOD LANE</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.143 8	<b>Nonpriority creditor's name and mailing address</b> <b>RYAN ECKHOLM</b> <b>43807 VISTA ROAD</b> <b>ISLE, MN 56342</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.143 9	<b>Nonpriority creditor's name and mailing address</b> <b>RYAN KOESTER</b> <b>1601 HIDDEN POND LANE</b> <b>VICTORIA, MN 55386</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated**  
Name

Case number (if known)

3.144 0	<b>Nonpriority creditor's name and mailing address</b> <b>RYAN MONROE</b> <b>1217 OAK STREET</b> <b>FARMINGTON, MN 55024</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.144 1	<b>Nonpriority creditor's name and mailing address</b> <b>S.G.O. ROOFING AND CONSTRUCTION LLC</b> <b>21017 HERON WAY, SUITE 101</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.144 2	<b>Nonpriority creditor's name and mailing address</b> <b>S.P.E.P. ACQUISITION CORP</b> <b>ENGINEERING AND PRODUCTS</b> <b>P.O. BOX 102056</b> <b>PASADENA, CA 91189-2056</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,186.08</b>
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3.144 3	<b>Nonpriority creditor's name and mailing address</b> <b>S.W. ANDERSON COMPANY</b> <b>PO BOX 95020</b> <b>CHICAGO, IL 60694-5020</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$40,142.69</b>
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3.144 4	<b>Nonpriority creditor's name and mailing address</b> <b>SABIC</b> <b>24481 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1244</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.144 5	<b>Nonpriority creditor's name and mailing address</b> <b>SAFETY KLEEN CO</b> <b>PO BOX 382066</b> <b>PITTSBURGH, PA 15250-8066</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$160.23</b>
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3.144 6	<b>Nonpriority creditor's name and mailing address</b> <b>SAFETY SUPPORTS INC</b> <b>222 VICTORIA ST S</b> <b>KITCHENER, ONTARIO N2G 2C2</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.144 7	<b>Nonpriority creditor's name and mailing address</b> <b>SAGE SOFTWARE INC</b> <b>14855 COLLECTION CENTER D</b> <b>CHICAGO, IL 60693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.144 8	<b>Nonpriority creditor's name and mailing address</b> <b>SAINT-GOBAIN PERFORMANCE PLASTICS</b> <b>PO BOX 743699</b> <b>ATLANTA, GA 30374-3699</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.144 9	<b>Nonpriority creditor's name and mailing address</b> <b>SALES CONSULTANTS OF SACRAMENTO</b> <b>2999 DOUGLAS BLVD SUITE 200</b> <b>ROSEVILLE, CA 95661</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.145 0	<b>Nonpriority creditor's name and mailing address</b> <b>SALESFORCE.COM, INC.</b> <b>PO BOX 203141</b> <b>DALLAS, TX 75320-3141</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.145 1	<b>Nonpriority creditor's name and mailing address</b> <b>SALO PROJECT SEARCH</b> <b>NW 6087</b> <b>PO BOX 1450</b> <b>MINNEAPOLIS, MN 55485</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.145 2	<b>Nonpriority creditor's name and mailing address</b> <b>SANDRA FORSTER dba LITTLE PEPPER</b> <b>PROMOTI</b> <b>527 2ND AVENUE SE</b> <b>MINNEAPOLIS, MN 55414</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.145 3	<b>Nonpriority creditor's name and mailing address</b> <b>SANMINA SCI</b> <b>2700 NORTH FIRST STREET</b> <b>SAN JOSE, CA 95134</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **Imperial Plastics, Incorporated**  
Name

Case number (if known)

3.145 4	<b>Nonpriority creditor's name and mailing address</b> <b>SANMINA SCI CORPORATION</b> <b>PO BOX 848413</b> <b>DALLAS, TX 75284-8413</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.145 5	<b>Nonpriority creditor's name and mailing address</b> <b>SARTORIUS CORPORATION</b> <b>24918 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1249</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.145 6	<b>Nonpriority creditor's name and mailing address</b> <b>SAS AUTOMATION, LLC.</b> <b>DEPT 781213</b> <b>PO BOX 78000</b> <b>DETROIT, MI 48278-1213</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.145 7	<b>Nonpriority creditor's name and mailing address</b> <b>SAVANNA PALLETS</b> <b>P.O. BOX 308</b> <b>MCGREGOR, MN 55760</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,929.80</b>
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3.145 8	<b>Nonpriority creditor's name and mailing address</b> <b>SCENTSATIONAL TECHNOLOGIES LLC</b> <b>PO BOX 468</b> <b>ABINGTON, PA 19001</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.145 9	<b>Nonpriority creditor's name and mailing address</b> <b>SCHAEFFERS MFG CO</b> <b>DEPARTMENT 3518</b> <b>PO BOX 790100</b> <b>ST LOUIS, MO 63179-0100</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$938.15</b>
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3.146 0	<b>Nonpriority creditor's name and mailing address</b> <b>SCHERER &amp; SONS TRUCKING INC</b> <b>PO BOX 178</b> <b>ST. JOSEPH, MN 56374</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.146 1	<b>Nonpriority creditor's name and mailing address</b> <b>SCHINDLER ELEVATOR CORPORATION</b> <b>PO BOX 93050</b> <b>CHICAGO, IL 60673-3050</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.146 2	<b>Nonpriority creditor's name and mailing address</b> <b>SCHMIT PROTOTYPES</b> <b>1801 INDIANHEAD DR. E.</b> <b>MENOMONIE, WI 54751</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.146 3	<b>Nonpriority creditor's name and mailing address</b> <b>SCHMITTY AND SONS TRANSPORTATION</b> <b>22750 PILLSBURY AVENUE</b> <b>LAKEVILLE, MN 55044</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.146 4	<b>Nonpriority creditor's name and mailing address</b> <b>SCHNEIDER NATIONAL INC</b> <b>2567 PAYSHARE CIRCLE</b> <b>CHICAGO, IL 60674</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.146 5	<b>Nonpriority creditor's name and mailing address</b> <b>SCHUSTER</b> <b>C/O MARUDAS PRINT SERVICE</b> <b>20 YORKTON COURT</b> <b>ST. PAUL, MN 55117</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.146 6	<b>Nonpriority creditor's name and mailing address</b> <b>SCOTT LARSON</b> <b>20968 HYDRA COURT</b> <b>LAKEVILLE, MN 55044</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.146 7	<b>Nonpriority creditor's name and mailing address</b> <b>SCSI, LLC</b> <b>8515 UNIVERSITY ST.</b> <b>PEORIA, IL 61615</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated**  
Name

Case number (if known)

3.146 8	<b>Nonpriority creditor's name and mailing address</b> <b>SEAL TECH INDUSTRIES</b> <b>7900 KERBER BLVD</b> <b>PO BOX 1038</b> <b>CHANHASSEN, MN 55317</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.146 9	<b>Nonpriority creditor's name and mailing address</b> <b>SEARCH AMERICA INC</b> <b>PO BOX 53580 DEPT 23</b> <b>PHOENIX, AZ 85072-3580</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,600.00</b>
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3.147 0	<b>Nonpriority creditor's name and mailing address</b> <b>SEARCHAMERICA, INC.</b> <b>C/O ORANGWOOD LAW GROUP, PLC</b> <b>1930 E. BROWN ROAD, STE. 103</b> <b>MESA, AZ 85203</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$28,889.24</b>
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3.147 1	<b>Nonpriority creditor's name and mailing address</b> <b>SECAP FINANCE</b> <b>PO BOX 405371</b> <b>ATLANTA, GA 30384-5371</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.147 2	<b>Nonpriority creditor's name and mailing address</b> <b>SECONDARY SOLUTIONS INC</b> <b>312 CHESTER STREET</b> <b>SAINT PAUL, MN 55107</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.147 3	<b>Nonpriority creditor's name and mailing address</b> <b>SECURITY FIRE SPRINKLER</b> <b>3308 SOUTHWAY DR.</b> <b>ST. CLOUD, MN 56301</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.147 4	<b>Nonpriority creditor's name and mailing address</b> <b>SEDLOCK COMPANIES INC.</b> <b>20510 W WATERTOWN CT STE B</b> <b>WAUKESHA, WI 53186</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,091.40</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.147 5	<b>Nonpriority creditor's name and mailing address</b> <b>SEFAR INC</b> <b>26232 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1262</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,600.00</b>
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3.147 6	<b>Nonpriority creditor's name and mailing address</b> <b>SENSORS INC</b> <b>507 KELSEY STREET</b> <b>DELANO, MN 55328</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.147 7	<b>Nonpriority creditor's name and mailing address</b> <b>SENTRY SYSTEMS INC</b> <b>4463 WHITE BEAR PKWY</b> <b>SUITE 106</b> <b>WHITE BEAR LAKE, MN 55110</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.147 8	<b>Nonpriority creditor's name and mailing address</b> <b>SEPRO AMERICA</b> <b>765 COMMONWEALTH DR. # 104</b> <b>WARRENDALE, PA 15086</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$863.74</b>
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3.147 9	<b>Nonpriority creditor's name and mailing address</b> <b>SERVICE ENGINEERING</b> <b>2190 WEST MAIN STREET</b> <b>PO BOX 5001</b> <b>GREENFIELD, IN 46140</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.148 0	<b>Nonpriority creditor's name and mailing address</b> <b>SERVICE LIGHTING</b> <b>11621 95TH AVENUE NORTH</b> <b>MAPLE GROVE, MN 55369</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$418.83</b>
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3.148 1	<b>Nonpriority creditor's name and mailing address</b> <b>SERVICE MASTER</b> <b>PO BOX 608</b> <b>ST. CLOUD, MN 56302</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,095.52</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.148 2	<b>Nonpriority creditor's name and mailing address</b> <b>SFM</b> <b>PO BOX 583178</b> <b>MINNEAPOLIS, MN 55458-3178</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.148 3	<b>Nonpriority creditor's name and mailing address</b> <b>SFR INDUSTRIES</b> <b>652 TOWER DRIVE</b> <b>CADOTT, WI 54727</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.148 4	<b>Nonpriority creditor's name and mailing address</b> <b>SGS NORTH AMERICA INC</b> <b>PO BOX 2502</b> <b>CAROL STREAM, IL 60132-2502</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.148 5	<b>Nonpriority creditor's name and mailing address</b> <b>SHELLEY A MULLER</b> <b>124 4TH STREET</b> <b>MORA, MN 55051</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.148 6	<b>Nonpriority creditor's name and mailing address</b> <b>SHELPAK PLASTICS INC</b> <b>339 NORTH MAIN STREET</b> <b>MIDDLETON, MA 01949</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.148 7	<b>Nonpriority creditor's name and mailing address</b> <b>SHENXHEN FANCY PACKAGE &amp; MANUFACTORY CO</b> <b>3RD FLOOR NO 8 ANQUAN ROAD</b> <b>XINTANG INDUSTRIAL PARK</b> <b>BAOAN DISTRICT, SHENZHEN</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.148 8	<b>Nonpriority creditor's name and mailing address</b> <b>SHERMAN LUMBER, INC</b> <b>2244 HWY 65</b> <b>MORA, MN 55051</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.148 9	<b>Nonpriority creditor's name and mailing address</b> <b>SHERWIN WILLIAMS COMPANY</b> <b>7697 WASHINGTON AVE SO</b> <b>EDINA, MN 55439-2421</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50,657.67</b>
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3.149 0	<b>Nonpriority creditor's name and mailing address</b> <b>SHI CORP</b> <b>PO BOX 952121</b> <b>DALLAS, TX 75395-2121</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,423.05</b>
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3.149 1	<b>Nonpriority creditor's name and mailing address</b> <b>SHIPMAN &amp; GOODWIN LLP</b> <b>ATTN: ACCOUNTS RECEIVABLE</b> <b>ONE CONSTITUTION PLAZA</b> <b>HARTFORD, CT 06103-1919</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.149 2	<b>Nonpriority creditor's name and mailing address</b> <b>SHIPPERS SUPPLY INC</b> <b>401 11TH AVE. S., SUITE 100</b> <b>HOPKINS, MN 55343-7804</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,172.94</b>
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3.149 3	<b>Nonpriority creditor's name and mailing address</b> <b>SHRED IT USA</b> <b>28883 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1288</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.149 4	<b>Nonpriority creditor's name and mailing address</b> <b>SHRED RIGHT</b> <b>435 HIGHWAY 96 WEST</b> <b>SHOREVIEW, MN 55126</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$218.48</b>
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3.149 5	<b>Nonpriority creditor's name and mailing address</b> <b>SI CAL TECHNOLOGIES INC</b> <b>11 WALKUP DRIVE</b> <b>WESTBOROUGH, MA 01581</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.149 6	<b>Nonpriority creditor's name and mailing address</b> <b>SID TOOL CO. INC. dba MSC INDUSTRIAL SUP</b> <b>PO BOX 78845</b> <b>MILWAUKEE, WI 53278-8845</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.149 7	<b>Nonpriority creditor's name and mailing address</b> <b>SIEMENS INDUSTRY, INC.</b> <b>PO BOX 2715</b> <b>CAROL STREAM, IL 60132</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.149 8	<b>Nonpriority creditor's name and mailing address</b> <b>SIGNCRAFT SCREENPRINT, INC</b> <b>100 A.J. HARLE DRIVE</b> <b>ALENA, IL 61036</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.149 9	<b>Nonpriority creditor's name and mailing address</b> <b>SILKROAD TECHNOLOGY INC</b> <b>FILE 1221</b> <b>1801 WEST OLYMPIC BLVD</b> <b>PASADENA, CA 91199-1221</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.150 0	<b>Nonpriority creditor's name and mailing address</b> <b>SILVERNAGEL LTD</b> <b>18046 JUDICIAL WAY N.</b> <b>LAKEVILLE, MN 55044</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.150 1	<b>Nonpriority creditor's name and mailing address</b> <b>SIMUTECH GROUP ROCHESTER</b> <b>STI TECHNOLOGIES INC</b> <b>1800 BRIGHTON-HENRITTA TOWN LINE ROAD</b> <b>ROCHESTER, NY 14623</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.150 2	<b>Nonpriority creditor's name and mailing address</b> <b>SINCLAIR &amp; RUSH INC</b> <b>4149 PAYSHERE CIRCLE</b> <b>CHICAGO, IL 60674</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_

Name

3.150 3	<b>Nonpriority creditor's name and mailing address</b> <b>SITE PERSONNEL SERVICES INC</b> <b>N92W17420 APPLETON AVE</b> <b>MENOMONEE FALLS, WI 53051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.150 4	<b>Nonpriority creditor's name and mailing address</b> <b>SIZE REDUCTION SPECIALISTS, SRS CORP</b> <b>3510 WEST ROAD</b> <b>EAST LANSING, MI 48823</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,359.06</b>
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3.150 5	<b>Nonpriority creditor's name and mailing address</b> <b>SJF MATERIAL HANDLING INC.</b> <b>PO BOX 70</b> <b>WINSTED, MN 55395</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.150 6	<b>Nonpriority creditor's name and mailing address</b> <b>SKUTTLE TIGHT INC</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.150 7	<b>Nonpriority creditor's name and mailing address</b> <b>SKYLER CLARK</b> <b>2316 MN - 70</b> <b>BRAHAM, MN 55006</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.150 8	<b>Nonpriority creditor's name and mailing address</b> <b>SKYLINE DISPLAYS MIDWEST INC</b> <b>11901 PORTLAND AVENUE</b> <b>BURNSVILLE, MN 55337</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.150 9	<b>Nonpriority creditor's name and mailing address</b> <b>SLIDEMATIC PRECISION COMPONENTS, INC</b> <b>1303 SAMUELSON ROAD</b> <b>ROCKFORD, IL 61109</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,287.16</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.151 0	<b>Nonpriority creditor's name and mailing address</b> <b>SM POLYMERS INC</b> <b>410 ST. ANDREW ST WEST</b> <b>FERGUS, ONTARIO N1M 1P3</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.151 1	<b>Nonpriority creditor's name and mailing address</b> <b>SMART TECHNOLOGIES ULC</b> <b>3636 RESEARCH ROAD NW</b> <b>CALGARY, AB T26 1Y1 CANADA</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.151 2	<b>Nonpriority creditor's name and mailing address</b> <b>SMARTDRAW SOFTWARE</b> <b>9909 MIRA MESA BLVD</b> <b>SUITE 300</b> <b>SAN DIEGO, CA 92131</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.151 3	<b>Nonpriority creditor's name and mailing address</b> <b>SOCIAL SECURITY ADMINISTRATION</b> <b>PO BOX 3430</b> <b>PHILADELPHIA, PA 19122-9985</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.151 4	<b>Nonpriority creditor's name and mailing address</b> <b>SOCIETY OF PLASTICS ENGINEERS</b> <b>13 CHURCH HILL RD</b> <b>NEWTON, CT 06470</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.151 5	<b>Nonpriority creditor's name and mailing address</b> <b>SOLARSOFT BUSINESS SYSTEM</b> <b>P.O. BOX 633937</b> <b>CINCINNATI, OH 45263-3937</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.151 6	<b>Nonpriority creditor's name and mailing address</b> <b>SOLUTIA CONSULTING INC</b> <b>1241 ADMUNDSON CIRCLE</b> <b>STILLWATER, MN 55082</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_

Name

3.151 7	<b>Nonpriority creditor's name and mailing address</b> <b>SOLVAY SPECIALTY POLYMERS</b> <b>23424 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1234</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$135,452.01</b>
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3.151 8	<b>Nonpriority creditor's name and mailing address</b> <b>SONITEK</b> <b>84 RESEARCH DRIVE</b> <b>MILFORD, CT 06460</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.151 9	<b>Nonpriority creditor's name and mailing address</b> <b>SONOCO PROTECTIVE SOLUTIONS</b> <b>91218 COLLECTION CENTER DR</b> <b>CHICAGO, IL 60693-0912</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$32,124.60</b>
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3.152 0	<b>Nonpriority creditor's name and mailing address</b> <b>SOUNDWICH</b> <b>881 WAYSIDE ROAD</b> <b>CLEVELAND, OH 44110-2961</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.152 1	<b>Nonpriority creditor's name and mailing address</b> <b>SOUTHCO INC</b> <b>PO BOX 821316</b> <b>PHILADELPHIA, PA 19182-1316</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.152 2	<b>Nonpriority creditor's name and mailing address</b> <b>SOUTHERN MINNESOTA INSPECTION</b> <b>PO BOX 70</b> <b>EAGLE LAKE, MN 56024</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.152 3	<b>Nonpriority creditor's name and mailing address</b> <b>SOUTHERN MINNESOTA XPRESS</b> <b>323 WALNUT STREET</b> <b>ST PETER, MN 56082</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_

Name

3.152 4	<b>Nonpriority creditor's name and mailing address</b> <b>SOUTHWEST NEWSPAPERS</b> <b>P.O. BOX 8</b> <b>SHAKOPEE, MN 55379</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.152 5	<b>Nonpriority creditor's name and mailing address</b> <b>SOVRAN</b> <b>2915 COMMERS DRIVE, SUITE 100</b> <b>EAGAN, MN 55121</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.152 6	<b>Nonpriority creditor's name and mailing address</b> <b>SPARTAN FELT COMPANY</b> <b>151 FELT DRIVE</b> <b>ROEBUCK, SC 29376</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.152 7	<b>Nonpriority creditor's name and mailing address</b> <b>SPARTAN STAFFING LLC</b> <b>PO BOX 740435</b> <b>ATLANTA, GA 30374-0435</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.152 8	<b>Nonpriority creditor's name and mailing address</b> <b>SPECIALTY PACKAGING SERVICES LLC</b> <b>20857 IXONIA AVENUE</b> <b>LAKEVILLE, MN 55044</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,484.36</b>
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3.152 9	<b>Nonpriority creditor's name and mailing address</b> <b>SPECIALTY SCREW CORPORATION</b> <b>2801 HUFFMAN BLVD</b> <b>ROCKFORD, IL 61103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$46,475.99</b>
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3.153 0	<b>Nonpriority creditor's name and mailing address</b> <b>SPEE DEE</b> <b>DELIVERY SERVICE INC.</b> <b>PO BOX 1417</b> <b>ST. CLOUD, MN 56302-1417</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated**  
Name

Case number (if known)

3.153 1	<b>Nonpriority creditor's name and mailing address</b> <b>SPIROL INTERNATIONAL CORP</b> <b>PO BOX 6349</b> <b>CAROL STREAM, IL 60197-6349</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.153 2	<b>Nonpriority creditor's name and mailing address</b> <b>SPRING TEAM, INC.</b> <b>PO BOX 74938</b> <b>CLEVELAND, OH 44194-1021</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.153 3	<b>Nonpriority creditor's name and mailing address</b> <b>SPRINT</b> <b>PO BOX 4181</b> <b>CAROL STREAM, IL 60197-4181</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.153 4	<b>Nonpriority creditor's name and mailing address</b> <b>SPS COMMERCE, INC.</b> <b>333 SOUTH SEVENTH STREET</b> <b>STE. 1000</b> <b>MINNEAPOLIS, MN 55402</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.153 5	<b>Nonpriority creditor's name and mailing address</b> <b>SPX</b> <b>655 EISENHOWER DRIVE</b> <b>OWATONNA, MN 55060</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.153 6	<b>Nonpriority creditor's name and mailing address</b> <b>ST CLOUD ENGRAVING INC</b> <b>420 N. 3RD ST.</b> <b>WAITE PARK, MN 56387</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.153 7	<b>Nonpriority creditor's name and mailing address</b> <b>ST CLOUD REFRIGERATION</b> <b>604 LINCOLN AVE NE</b> <b>ST CLOUD, MN 56304</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,754.75</b>



Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.153 8	<b>Nonpriority creditor's name and mailing address</b> <b>St. CLOUD REFRIGERATION, INC.</b> <b>C/O RINKE NOONAN, STE. 300</b> <b>1015 W ST. GERMAIN STREET</b> <b>SAINT CLOUD, MN 56302</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,436.36</b>
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3.153 9	<b>Nonpriority creditor's name and mailing address</b> <b>ST. PAUL ENGRAVING</b> <b>6150 FIELD STONE COURT</b> <b>STACY, MN 55079</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.154 0	<b>Nonpriority creditor's name and mailing address</b> <b>STACY MCDANIEL</b> <b>1013 LARCH STREET</b> <b>FARMINGTON, MN 55024</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.154 1	<b>Nonpriority creditor's name and mailing address</b> <b>STAFAST PRODUCTS INC</b> <b>505 LAKESHORE BLVD.</b> <b>PAINESVILLE, OH 44077</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,165.00</b>
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3.154 2	<b>Nonpriority creditor's name and mailing address</b> <b>STAFFORD TRUCKING INC</b> <b>P.O. BOX 133</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,664.00</b>
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3.154 3	<b>Nonpriority creditor's name and mailing address</b> <b>STAHLKES DEPARTMENT STORE</b> <b>116 S UNION ST</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.154 4	<b>Nonpriority creditor's name and mailing address</b> <b>STALCOP</b> <b>PO BOX 641033</b> <b>DALLAS, TX 75264-1033</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.154 5	<b>Nonpriority creditor's name and mailing address</b> <b>STANDARD FORWARDING</b> <b>62820 COLLECTION CENTER DRIVE</b> <b>CHICAGO, IL 60693-0628</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.154 6	<b>Nonpriority creditor's name and mailing address</b> <b>STAPLES BUSINESS ADVANTAGE</b> <b>DEPT DET</b> <b>PO BOX 83689</b> <b>CHICAGO, IL 60696-3689</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.154 7	<b>Nonpriority creditor's name and mailing address</b> <b>STAR EQUIPMENT</b> <b>248 APOLLO DRIVE</b> <b>LINO LAKES, MN 55014</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,385.22</b>
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3.154 8	<b>Nonpriority creditor's name and mailing address</b> <b>STAR TRIBUNE</b> <b>P.O. BOX 790387</b> <b>ST. LOUIS, MO 63179-0387</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.154 9	<b>Nonpriority creditor's name and mailing address</b> <b>START INTERNATIONAL</b> <b>PO BOX 829</b> <b>ADDISON, TX 75001</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.155 0	<b>Nonpriority creditor's name and mailing address</b> <b>START RECRUITING</b> <b>7020 DAKOTA CIRCLE</b> <b>CHANHASSEN, MN 55317</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.155 1	<b>Nonpriority creditor's name and mailing address</b> <b>STATE OF DELAWARE</b> <b>DIVISION OF CORPORATIONS</b> <b>PO BOX 74072</b> <b>BALTIMORE, MD 21274-4072</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.155  
2 Nonpriority creditor's name and mailing address **STATE OF MINNESOTA  
FINANCIAL SERVICES OFFICE  
PO BOX 64219  
ST PAUL, MN 55164-0219** As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Date(s) debt was incurred \_\_\_\_\_  
Basis for the claim: **Trade debt**  
Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset? ☒ No ☐ Yes

3.155  
3 Nonpriority creditor's name and mailing address **STATE OF NORTH DAKOTA  
OFFICE OF STATE TAX COMMISSIONER  
600 E. BOULEVARD AVE DEPT 127  
BISMARCK, ND 58505-0599** As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Date(s) debt was incurred \_\_\_\_\_  
Basis for the claim: **Trade debt**  
Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset? ☒ No ☐ Yes

3.155  
4 Nonpriority creditor's name and mailing address **STATE OF MINNESOTA DEPT OF PUBLIC  
SAFETY  
445 MINNESOTA ST., SUITE 223  
ST. PAUL, MN 55101** As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Date(s) debt was incurred \_\_\_\_\_  
Basis for the claim: **Trade debt**  
Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset? ☒ No ☐ Yes

3.155  
5 Nonpriority creditor's name and mailing address **STEARNSWOOD INC  
PO BOX 50  
HUTCHINSON, MN 55350** As of the petition filing date, the claim is: *Check all that apply.* **\$6,490.70**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Date(s) debt was incurred \_\_\_\_\_  
Basis for the claim: **Trade debt**  
Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset? ☒ No ☐ Yes

3.155  
6 Nonpriority creditor's name and mailing address **STEPHANIE GEHRKE  
500 WEST MAPLE AVENUE  
APT. 303  
MORA, MN 55051** As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Date(s) debt was incurred \_\_\_\_\_  
Basis for the claim: **Trade debt**  
Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset? ☒ No ☐ Yes

3.155  
7 Nonpriority creditor's name and mailing address **STEPHEN GOULD CORP  
35 SOUTH JEFFERSON ROAD  
WHIPPANY, NJ 07981** As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Date(s) debt was incurred \_\_\_\_\_  
Basis for the claim: **Trade debt**  
Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset? ☒ No ☐ Yes

3.155  
8 Nonpriority creditor's name and mailing address **STEPHEN PESCHMAN  
8024 RIDGEWAY ROAD  
GOLDEN VALLEY, MN 55426** As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Date(s) debt was incurred \_\_\_\_\_  
Basis for the claim: **Trade debt**  
Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset? ☒ No ☐ Yes

Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_

Name

3.155 9	<b>Nonpriority creditor's name and mailing address</b> <b>STERICYCLE SPECIALTY WASTE SOLUTIONS</b> <b>2850 100TH COURT NE</b> <b>BLAINE, MN 55449</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.156 0	<b>Nonpriority creditor's name and mailing address</b> <b>STERLING ELECTRIC CORPORATION</b> <b>8616 XYLON AVE N, SUITE H</b> <b>BROOKLYN PARK, MN 55445</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.156 1	<b>Nonpriority creditor's name and mailing address</b> <b>STERLING PRODUCTS INC</b> <b>DEPARTMENT 4509</b> <b>CAROL STREAM, IL 60122-4514</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.156 2	<b>Nonpriority creditor's name and mailing address</b> <b>STERLING PRODUCTS INC</b> <b>2900 S. 160TH ST.</b> <b>NEW BERLIN, WI 53151</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.156 3	<b>Nonpriority creditor's name and mailing address</b> <b>STERN INDUSTRIES</b> <b>PO BOX 1150</b> <b>MINNEAPOLIS, MN 55480-1150</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.156 4	<b>Nonpriority creditor's name and mailing address</b> <b>STERN RUBBER COMPANY</b> <b>PO BOX 776292</b> <b>CHICAGO, IL 60677</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.156 5	<b>Nonpriority creditor's name and mailing address</b> <b>STEVE BOYSEN</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.156 6	<b>Nonpriority creditor's name and mailing address</b> <b>STEVE BURSKI</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.156 7	<b>Nonpriority creditor's name and mailing address</b> <b>STEVE HERMAN</b> <b>2023 MEADOW STREET</b> <b>COLOGNE, MN 55322</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.156 8	<b>Nonpriority creditor's name and mailing address</b> <b>STEVE LAMBERT</b> <b>700 WALNUT STREET SOUTH</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.156 9	<b>Nonpriority creditor's name and mailing address</b> <b>STEVE LEVEY</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.157 0	<b>Nonpriority creditor's name and mailing address</b> <b>STEVE LUSSO TECHNICAL SERVICES</b> <b>708 4TH STREET</b> <b>ST PAUL PARK, MN 55071</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.157 1	<b>Nonpriority creditor's name and mailing address</b> <b>STEVEN G. ULVI</b> <b>1977 WATERFORD LANE</b> <b>CHASKA, MN 55318</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.157 2	<b>Nonpriority creditor's name and mailing address</b> <b>STEVEN KOLK</b> <b>1764 240TH AVENUE</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_

Name

3.157 3	<b>Nonpriority creditor's name and mailing address</b> <b>STEVEN ZIEGLER</b> <b>42 UNION STREET NORTH</b> <b>MORA, MN 55051</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.157 4	<b>Nonpriority creditor's name and mailing address</b> <b>STINSON LEONARD STREET</b> <b>PO BOX 843052</b> <b>KANSAS CITY, MO 64184-3052</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.157 5	<b>Nonpriority creditor's name and mailing address</b> <b>STONE MACHINERY INC</b> <b>551 PHALEN BLVD</b> <b>ST. PAUL, MN 55130</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.157 6	<b>Nonpriority creditor's name and mailing address</b> <b>STORMY LANDSCAPING &amp; FENCING</b> <b>P.O. BOX 143</b> <b>CLEARWATER, MN 55320</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.157 7	<b>Nonpriority creditor's name and mailing address</b> <b>STOUT RISIUS ROSS ADVISORS LLC</b> <b>145 W OSTEND ST</b> <b>STE 600</b> <b>BALTIMORE, MD 21230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.157 8	<b>Nonpriority creditor's name and mailing address</b> <b>STRAIGHT LINE MACHINING</b> <b>1264 HARBOR ST.</b> <b>OGILVE, MN 56358</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.157 9	<b>Nonpriority creditor's name and mailing address</b> <b>STRANDLUND REFRIGERATION</b> <b>1896 S HWY 65</b> <b>P.O. BOX 60</b> <b>MORA, MN 55051</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.158 0	<b>Nonpriority creditor's name and mailing address</b> <b>STRATEGIC CUSTOM SOLUTIONS</b> <b>ATTN: SCS ACCOUNTS RECEIVABLES</b> <b>7825 WASHINGTON AVE., SUITE 450</b> <b>MINNEAPOLIS, MN 55439</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.158 1	<b>Nonpriority creditor's name and mailing address</b> <b>STRATOSPHERE QUALITY LLC</b> <b>12024 EXIT FIVE PARKWAY</b> <b>FISHERS, IN 46037</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.158 2	<b>Nonpriority creditor's name and mailing address</b> <b>STRIKEMASTER CORPORATION</b> <b>17217 198TH AVE</b> <b>BIG LAKE, MN 55309</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.158 3	<b>Nonpriority creditor's name and mailing address</b> <b>STROKE OF THE HEART</b> <b>P.O. BOX 595</b> <b>EXCELSIOR, MN 55331</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.158 4	<b>Nonpriority creditor's name and mailing address</b> <b>STYER TRANSPORTATION</b> <b>PO BOX 592</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$7,624.80</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.158 5	<b>Nonpriority creditor's name and mailing address</b> <b>SUBWAY SANDWICHES &amp; SALADS</b> <b>11276 210TH STREET</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.158 6	<b>Nonpriority creditor's name and mailing address</b> <b>SUEL PRINTING COMPANY</b> <b>200 MAIN STREET E.</b> <b>NEW PRAGUE, MN 56071</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_

Name

3.158 7	<b>Nonpriority creditor's name and mailing address</b> <b>SUMITOMO DEMAG PLASTICS MACHINERY</b> <b>2022 MOMENTUM WAY</b> <b>CHICAGO, IL 60689-5320</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.158 8	<b>Nonpriority creditor's name and mailing address</b> <b>SUMITOMO SHI DEMAG</b> <b>2022 MOMENTUM WAY</b> <b>CHICAGO, IL 60689-5320</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.158 9	<b>Nonpriority creditor's name and mailing address</b> <b>SUMMIT COMPANIES</b> <b>PO BOX 6205</b> <b>CAROL STREAM, IL 60197-6205</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,210.00</b>
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3.159 0	<b>Nonpriority creditor's name and mailing address</b> <b>SUN LIFE ASSURANCE COMPANY OF CANADA</b> <b>P.O. BOX 7247-0381</b> <b>PHILADELPHIA, PA 19170-0381</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.159 1	<b>Nonpriority creditor's name and mailing address</b> <b>SUN NEWSPAPERS</b> <b>10917 VALLEY VIEW RD</b> <b>EDEN PRAIRIE, MN 55344</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.159 2	<b>Nonpriority creditor's name and mailing address</b> <b>SUN PLASTECH INC</b> <b>PO BOX 775109</b> <b>CHICAGO, IL 60677-5109</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$40,784.55</b>
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3.159 3	<b>Nonpriority creditor's name and mailing address</b> <b>SUNDERMAN SERVICES</b> <b>2648 HIGHWAY 65</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated**  
Name

Case number (if known)

3.159 4	<b>Nonpriority creditor's name and mailing address</b> <b>SUNSOURCE</b> <b>PO BOX 74007453</b> <b>CHICAGO, IL 60674-7453</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.159 5	<b>Nonpriority creditor's name and mailing address</b> <b>SUNWEST SCREEN GRAPHICS LTD</b> <b>277 CREE CRESCENT</b> <b>WINNIPEG, MANITOBA R3J 3X4</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.159 6	<b>Nonpriority creditor's name and mailing address</b> <b>SUPERIOR COMPONENTS INC</b> <b>12409 SOUTH INDUSTRIAL DRIVE</b> <b>PLAINFIELD, IL 60585</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.159 7	<b>Nonpriority creditor's name and mailing address</b> <b>SUPERIOR CRANE CORP</b> <b>12087 DOGWOOD ST. NW</b> <b>COON RAPIDS, MN 55448</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.159 8	<b>Nonpriority creditor's name and mailing address</b> <b>SUPERIOR DIE SET COMPANY</b> <b>900 WEST DREXEL AVE.</b> <b>OAKCREEK, WI 53154</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.159 9	<b>Nonpriority creditor's name and mailing address</b> <b>SUPERIOR PRODUCTS MFG</b> <b>PO BOX 64177</b> <b>ST. PAUL, MN 55164-0177</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.160 0	<b>Nonpriority creditor's name and mailing address</b> <b>SUPPLY CHAIN SERVICE INTERNATIONAL LLC</b> <b>8515 N UNIVERSITY STREET</b> <b>PEORIA, IL 61615</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.160 1	<b>Nonpriority creditor's name and mailing address</b> <b>SUPPLY TECHNOLOGIES</b> <b>DEPT 781959</b> <b>P.O. BOX 78000</b> <b>DETROIT, MI 48278-1959</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,145.50</b>
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3.160 2	<b>Nonpriority creditor's name and mailing address</b> <b>SURUJ SINGH</b> <b>12928 JAMES AVENUE SOUTH</b> <b>BURNSVILLE, MN 55337</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.160 3	<b>Nonpriority creditor's name and mailing address</b> <b>SUSAN STONE</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.160 4	<b>Nonpriority creditor's name and mailing address</b> <b>SUTHERLAND FELT COMPANY</b> <b>700 E. WHITCOMB</b> <b>MADISON HEIGHTS, MI 48071</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.160 5	<b>Nonpriority creditor's name and mailing address</b> <b>SUTTLE</b> <b>NW 6295 PO BOX 1450</b> <b>MINNEAPOLIS, MN 55485-6295</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.160 6	<b>Nonpriority creditor's name and mailing address</b> <b>SWAGELOK MINNESOTA</b> <b>321 HAZELTINE DRIVE</b> <b>CHASKA, MN 55318-1033</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.160 7	<b>Nonpriority creditor's name and mailing address</b> <b>SWANSON &amp; YOUNGDALE, INC.</b> <b>SDS-12-1575</b> <b>P.O. BOX 86</b> <b>MINNEAPOLIS, MN 55486-0086</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.160 8	<b>Nonpriority creditor's name and mailing address</b> <b>SYMBOLGY ENTERPRISES INC</b> <b>185 H INDUSTRIAL PARKWAY</b> <b>SOMERVILLE, NJ 08876</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.160 9	<b>Nonpriority creditor's name and mailing address</b> <b>SYMMCO, INC.</b> <b>PO BOX 73226</b> <b>CLEVELAND, OH 44193</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.161 0	<b>Nonpriority creditor's name and mailing address</b> <b>SYMTEC INC</b> <b>124 OSBORNE ROAD NE</b> <b>FRIDLEY, MN 55432</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.161 1	<b>Nonpriority creditor's name and mailing address</b> <b>SYNVENTIVE MOLDING SOLUTIONS</b> <b>DEPARTMENT # 294401</b> <b>PO BOX 67000</b> <b>DETROIT, MI 48267-2944</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.161 2	<b>Nonpriority creditor's name and mailing address</b> <b>T. E. KENT ASSOCIATES INC</b> <b>10800 LYNDAL AVE SOUTH</b> <b>SUITE 240</b> <b>BLOOMINGTON, MN 55420</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.161 3	<b>Nonpriority creditor's name and mailing address</b> <b>T.L. ASHFORD &amp; ASSOCIATES</b> <b>626 BUTTERMILK PIKE</b> <b>CRESCENT SPRINGS, KY 41017</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.161 4	<b>Nonpriority creditor's name and mailing address</b> <b>TAPESWITCH CORPORATION</b> <b>100 SCHMITT BLVD</b> <b>FARMINGDALE, NY 11735</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated**  
Name

Case number (if known)

3.161 5	<b>Nonpriority creditor's name and mailing address</b> <b>TCBX TRUCKING</b> <b>1748 SE 13TH ST.</b> <b>P.O. BOX 325</b> <b>BRAINERD, MN 56401-4723</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.161 6	<b>Nonpriority creditor's name and mailing address</b> <b>TCIC, INC</b> <b>628 MENDELSSOHN AVE N</b> <b>GOLDEN VALLEY, MN 55429</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.161 7	<b>Nonpriority creditor's name and mailing address</b> <b>TCR ENGINEERED COMPONENTS LLC</b> <b>1600 67TH AVE N</b> <b>MINNEAPOLIS, MN 55430</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.161 8	<b>Nonpriority creditor's name and mailing address</b> <b>TEAM INDUSTRIAL SERVICES</b> <b>P.O. BOX 842233</b> <b>DALLAS, TX 75284-2233</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.161 9	<b>Nonpriority creditor's name and mailing address</b> <b>TEAM INDUSTRIES BAGLEY</b> <b>105 PARK AVE. NW</b> <b>BAGLEY, MN 56621-9558</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.162 0	<b>Nonpriority creditor's name and mailing address</b> <b>TEAM PERSONNEL</b> <b>259 UNIVERSITY AVE. W., SUITE A</b> <b>ST. PAUL, MN 55103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.162 1	<b>Nonpriority creditor's name and mailing address</b> <b>TEC ENGINEERING CORPORATION</b> <b>31 TOWN FOREST ROAD</b> <b>OXFORD, MA 01540</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated**  
Name

Case number (if known)

3.162 2	<b>Nonpriority creditor's name and mailing address</b> <b>TECH CHECK LLC</b> <b>2 SARTELL STREET WEST</b> <b>SARTELL, MN 56377</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.162 3	<b>Nonpriority creditor's name and mailing address</b> <b>TECH MOLD CORP</b> <b>116 ANTIQUE LANE</b> <b>DE FOREST, WI 53532</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.162 4	<b>Nonpriority creditor's name and mailing address</b> <b>TECHMER PM LLC</b> <b>P.O. BOX 749789</b> <b>LOS ANGELES, CA 90074-9789</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,807.12</b>
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3.162 5	<b>Nonpriority creditor's name and mailing address</b> <b>TECHNETICS GROUP</b> <b>7837 COLLECTION CENTER DR</b> <b>CHICAGO, IL 60693-0078</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.162 6	<b>Nonpriority creditor's name and mailing address</b> <b>TEKNOR APEX</b> <b>PO BOX 405197</b> <b>ATLANTA, GA 30384-5197</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,182.90</b>
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3.162 7	<b>Nonpriority creditor's name and mailing address</b> <b>TEMPLE ELECTRIC MOTOR SERVICE INC</b> <b>2121 N.W. 2ND AVENUE</b> <b>FARIBAULT, MN 55021</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$358.00</b>
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3.162 8	<b>Nonpriority creditor's name and mailing address</b> <b>TEMPTEK INC</b> <b>525 E STOP 18 ROAD</b> <b>GREENWOOD, IN 46143</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.162 9	<b>Nonpriority creditor's name and mailing address</b> <b>TENNANT COMPANY</b> <b>PO BOX 71414</b> <b>CHICAGO, IL 60694-1414</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$377.96</b>
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3.163 0	<b>Nonpriority creditor's name and mailing address</b> <b>TERRACON CONSULTANTS, INC.</b> <b>PO BOX 959673</b> <b>ST LOUIS, MO 63195-9673</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.163 1	<b>Nonpriority creditor's name and mailing address</b> <b>THE BVA GROUP LLC</b> <b>ATTN: BVA ACCOUNTING</b> <b>7250 DALLAS PARKWAY #200</b> <b>PLANO, TX 75024</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.163 2	<b>Nonpriority creditor's name and mailing address</b> <b>THE CARY COMPANY</b> <b>PO BOX 88670</b> <b>CHICAGO, IL 60680-1670</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$34,838.10</b>
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3.163 3	<b>Nonpriority creditor's name and mailing address</b> <b>THE CHRISTENSEN GROUP</b> <b>11100 BREN ROAD WEST</b> <b>MINNETONKA, MN 55343</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.163 4	<b>Nonpriority creditor's name and mailing address</b> <b>THE FABLED ROOSTER LLC</b> <b>1337 KNOX AVE N</b> <b>MINNEAPOLIS, MN 55411</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.163 5	<b>Nonpriority creditor's name and mailing address</b> <b>THE KIPLINGER LETTER</b> <b>P.O. BOX 3299</b> <b>HARLAN, IA 51593-0258</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated**  
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Case number (if known)

3.163 6	<b>Nonpriority creditor's name and mailing address</b> <b>THE LINCOLN NATIONAL LIFE</b> <b>PO BOX 0821</b> <b>CAROL STREAM, IL 60132-0821</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.163 7	<b>Nonpriority creditor's name and mailing address</b> <b>THE MIX PLASTICS</b> <b>621-D E. LAKE ST.</b> <b>LAKE MILLS, WI 52551</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.163 8	<b>Nonpriority creditor's name and mailing address</b> <b>THE NETWORK GUYS</b> <b>7070 BROOKLYN BLVD.</b> <b>BROOKLYN CENTER, MN 55429</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,532.00</b>
3.163 9	<b>Nonpriority creditor's name and mailing address</b> <b>THE PROUTY PROJECT</b> <b>6385 OLD SHADY OAK ROAD</b> <b>SUITE 260</b> <b>MINNEAPOLIS, MN 55344</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.164 0	<b>Nonpriority creditor's name and mailing address</b> <b>THE QC GROUP INC</b> <b>5950 CLEARWATER DRIVE, SUITE 300</b> <b>MINNETONKA, MN 55343</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,068.94</b>
3.164 1	<b>Nonpriority creditor's name and mailing address</b> <b>THE RAYMOND CORPORATION</b> <b>22 SOUTH CANAL STREET</b> <b>PO BOX 130</b> <b>GREENE, NY 13778</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.164 2	<b>Nonpriority creditor's name and mailing address</b> <b>THE RETROFIT COMPANIES INC</b> <b>1010 HOFFMAN DRIVE, SUITE A</b> <b>OWATONNA, MN 55060</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_

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3.164 3	<b>Nonpriority creditor's name and mailing address</b> <b>THE TEGRA GROUP</b> <b>801 NICOLLET MALL, SUITE 1850</b> <b>MINNEAPOLIS, MN 55402</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.164 4	<b>Nonpriority creditor's name and mailing address</b> <b>THE TOOL HOUSE, INC.</b> <b>5205 SOUTH EMMER DRIVE</b> <b>NEW BERLIN, WI 53151</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.164 5	<b>Nonpriority creditor's name and mailing address</b> <b>THE VALUATION GROUP INC</b> <b>3655 PLYMOUTH BOULEVARD</b> <b>SUITE 105</b> <b>PLYMOUTH, MN 55426</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.164 6	<b>Nonpriority creditor's name and mailing address</b> <b>THE VIRANT GROUP</b> <b>1548 CLEMSON DRIVE</b> <b>EAGAN, MN 55122</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.164 7	<b>Nonpriority creditor's name and mailing address</b> <b>THERMAL CARE</b> <b>DEPT 430</b> <b>PO BOX 644 537</b> <b>PITTSBURGH, PA 15264-4537</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.164 8	<b>Nonpriority creditor's name and mailing address</b> <b>THOMAS P CARLSON CONSTRUCTION LLC</b> <b>11733 80TH AVENUE</b> <b>MILACA, MN 56353</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.164 9	<b>Nonpriority creditor's name and mailing address</b> <b>THOMAS ZOUBI</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
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3.165 0	<b>Nonpriority creditor's name and mailing address</b> <b>THOMPSON TOOL &amp; DIE</b> <b>4060 307TH LANE NW</b> <b>CAMBRIDGE, MN 55008</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.165 1	<b>Nonpriority creditor's name and mailing address</b> <b>TICONA POLYMERS</b> <b>PO BOX 96205</b> <b>CHICAGO, IL 60693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25,938.98</b>
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3.165 2	<b>Nonpriority creditor's name and mailing address</b> <b>TILSNER CARTON CO.</b> <b>162 YORK AVE EAST</b> <b>ST PAUL, MN 55117</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,521.16</b>
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3.165 3	<b>Nonpriority creditor's name and mailing address</b> <b>TIM BADER</b> <b>P.O. BOX 33</b> <b>FARMINGTON, MN 55024</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.165 4	<b>Nonpriority creditor's name and mailing address</b> <b>TIM JOY</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.165 5	<b>Nonpriority creditor's name and mailing address</b> <b>TIM JOY</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.165 6	<b>Nonpriority creditor's name and mailing address</b> <b>TIM NIKUNEN</b> <b>17175 POLK AVENUE</b> <b>HASTINGS, MN 55033</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated**  
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3.165 7	<p>Nonpriority creditor's name and mailing address</p> <p><b>TIM OLSEN</b>  <b>119 FIRST AVENUE NE</b>  <b>APT. 110</b>  <b>BUFFALO, MN 55313</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$0.00</b>
3.165 8	<p>Nonpriority creditor's name and mailing address</p> <p><b>TIMBERLINE PALLET AND SKID</b>  <b>P.O. BOX 631</b>  <b>EAST MOLINE, IL 61244</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$69,641.95</b>
3.165 9	<p>Nonpriority creditor's name and mailing address</p> <p><b>TIMBERWOLF PRODUCTS</b>  <b>21669 HANOVER AVENUE</b>  <b>LAKEVILLE, MN 55044</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$0.00</b>
3.166 0	<p>Nonpriority creditor's name and mailing address</p> <p><b>TIMES MEDIA</b>  <b>PO BOX 677330</b>  <b>DALLAS, TX 75267-7330</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$0.00</b>
3.166 1	<p>Nonpriority creditor's name and mailing address</p> <p><b>TIMESCAPES INC</b>  <b>519 CHICAGO AVENUE, SUITE B</b>  <b>EVANSTON, IL 60202-2915</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$0.00</b>
3.166 2	<p>Nonpriority creditor's name and mailing address</p> <p><b>TINIUS OLSEN TESTING MACHINING</b>  <b>PO BOX 7780-1204</b>  <b>PHILADELPHIA, PA 19182</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$0.00</b>
3.166 3	<p>Nonpriority creditor's name and mailing address</p> <p><b>TINKER &amp; LARSON INC</b>  <b>124 NW RAILROAD AVE</b>  <b>MORA, MN 55051</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$0.00</b>

Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
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3.166 4	<b>Nonpriority creditor's name and mailing address</b> <b>TK CARDBOARD</b> <b>7135 WHIPPOORWILL LANE</b> <b>LINO LAKES, MN 55014</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.166 5	<b>Nonpriority creditor's name and mailing address</b> <b>TK MANUFACTURING, INC.</b> <b>24024 HUMPHRIES RD</b> <b>TECATE, CA 91980</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,109.24</b>
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3.166 6	<b>Nonpriority creditor's name and mailing address</b> <b>TMP WORLDWIDE ADVERTISING &amp; COMMUNICATIO</b> <b>PO BOX 96</b> <b>LAUREL, NY 11948</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.166 7	<b>Nonpriority creditor's name and mailing address</b> <b>TOM BUNCE</b> <b>13717 HEATHER HILLS DRIVE</b> <b>BURNSVILLE, MN 55337</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.166 8	<b>Nonpriority creditor's name and mailing address</b> <b>TOMS MOBILE LOCK SERVICE</b> <b>17110 JONQUIL</b> <b>LAKEVILLE, MN 55044</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$80.00</b>
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3.166 9	<b>Nonpriority creditor's name and mailing address</b> <b>TONY LARSON</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.167 0	<b>Nonpriority creditor's name and mailing address</b> <b>TONYS TOOL</b> <b>34025 207TH AVENUE</b> <b>ALBANY, MN 56307</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.167 1	<b>Nonpriority creditor's name and mailing address</b> <b>TOOLING SCIENCE</b> <b>9424 DEERWOOD LANE N.</b> <b>MAPLE GROVE, MN 55369</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.167 2	<b>Nonpriority creditor's name and mailing address</b> <b>TOOLPLAS SYSTEMS INC</b> <b>1905 BLACKACRE DRIVE</b> <b>OLDCASTLE, ONTARIO NOR-1LO</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.167 3	<b>Nonpriority creditor's name and mailing address</b> <b>TORO COMPANY</b> <b>174 16TH STREET</b> <b>WINDOM, MN 56101</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.167 4	<b>Nonpriority creditor's name and mailing address</b> <b>TORRENT CONSULTING, LLC</b> <b>1300 17TH ST N</b> <b>STE 260</b> <b>ARLINGTON, VA 22209</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.167 5	<b>Nonpriority creditor's name and mailing address</b> <b>TORRINGTON BRUSH WORKS</b> <b>4377 INDEPENDENCE COURT</b> <b>SARASTOA, FL 34234</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.167 6	<b>Nonpriority creditor's name and mailing address</b> <b>TOTAL FILTRATION SERVICES</b> <b>13002 COLLECTIONS CENTER</b> <b>CHICAGO, IL 60693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.167 7	<b>Nonpriority creditor's name and mailing address</b> <b>TOTAL QUALITY SYSTEMS INC</b> <b>P.O. BOX 441286</b> <b>DETROIT, MI 48244</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.167 8	<b>Nonpriority creditor's name and mailing address</b> <b>TOTAL TOOL SUPPLY, INC</b> <b>315 N PIERCE ST</b> <b>SAINT PAUL, MN 55104</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.167 9	<b>Nonpriority creditor's name and mailing address</b> <b>TOWN &amp; COUNTRY OIL</b> <b>1015 N. INDUSTRIAL BLVD.</b> <b>MORA, MN 55051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.168 0	<b>Nonpriority creditor's name and mailing address</b> <b>TOYOTA INDUSTRIES COMMERCIAL</b> <b>FINANCE, IN</b> <b>PO BOX 660926</b> <b>DALLAS, TX 75266-0926</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,701.47</b>
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3.168 1	<b>Nonpriority creditor's name and mailing address</b> <b>TOYOTA LIFT OF MINNESOTA</b> <b>8601 XYLON COURT N.</b> <b>BROOKLYN PARK, MN 55445</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,142.21</b>
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3.168 2	<b>Nonpriority creditor's name and mailing address</b> <b>TRACKSIDE SERVICES LLC</b> <b>3151 MORTON DR</b> <b>EAST MOLINE, IL 61244</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.168 3	<b>Nonpriority creditor's name and mailing address</b> <b>TRADEMARK PLASTICS CORP.</b> <b>PO BOX 15292</b> <b>NEWARK, NJ 07192</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.168 4	<b>Nonpriority creditor's name and mailing address</b> <b>TRAILHEAD FUND LIMITED PARTNERSHIP</b> <b>3700 WELLS FARGO CENTER</b> <b>90 SOUTH SEVENTH STREET</b> <b>MINNEAPOLIS, MN 55402</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated**  
Name

Case number (if known)

3.168 5	Nonpriority creditor's name and mailing address <b>TRANE COMPANY</b> <b>4833 WHITE BEAR PARKWAY</b> <b>ST. PAUL, MN 55110</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u><b>Trade debt</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.168 6	Nonpriority creditor's name and mailing address <b>TRANS ALARM INC</b> <b>PO BOX 776146</b> <b>CHICAGO, IL 60677-6146</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u><b>Trade debt</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$198.84</b>
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3.168 7	Nonpriority creditor's name and mailing address <b>TRANS TECH</b> <b>HARRIS BANK LOCKBOX 95327</b> <b>CHICAGO, IL 60694-5327</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u><b>Trade debt</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.168 8	Nonpriority creditor's name and mailing address <b>TRANSPORT EXPRESS</b> <b>3275 MIKE COLLINS DRIVE</b> <b>EAGAN, MN 55121</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u><b>Trade debt</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.168 9	Nonpriority creditor's name and mailing address <b>TRAVEL LEADERS</b> <b>15083 FLAGSTAFF AVENUE</b> <b>ATTN: CHERYL/SARAH</b> <b>APPLE VALLEY, MN 55124</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u><b>Trade debt</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.169 0	Nonpriority creditor's name and mailing address <b>TREKK EQUIPMENT GROUP</b> <b>70 MIDWEST DRIVE</b> <b>PACIFIC, MO 63069</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u><b>Trade debt</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.169 1	Nonpriority creditor's name and mailing address <b>TRELLEBORG SEALING SOLUTIONS</b> <b>MIDWEST</b> <b>DEPT CH 10999</b> <b>PALATINE, IL 60055-0999</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u><b>Trade debt</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$95.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.169 2	<b>Nonpriority creditor's name and mailing address</b> <b>TRI STAR INDUSTRIES INC</b> <b>101 MASSIRIO DR</b> <b>BERLIN, CT 06037</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,546.80</b>
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3.169 3	<b>Nonpriority creditor's name and mailing address</b> <b>TRIANGLE WAREHOUSE INC</b> <b>P.O. BOX 581669</b> <b>MINNEAPOLIS, MN 55458-1669</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.169 4	<b>Nonpriority creditor's name and mailing address</b> <b>TRIMARK</b> <b>NW 6176 PO BOX 1450</b> <b>MINNEAPOLIS, MN 55485-6176</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.169 5	<b>Nonpriority creditor's name and mailing address</b> <b>TRINITY EQUIPMENT LLC</b> <b>9749 HALL AVE NE</b> <b>MONTICELLO, MN 55362-2943</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.169 6	<b>Nonpriority creditor's name and mailing address</b> <b>TRIVALENCE TECHNOLOGIES, LLC</b> <b>3290 CLAREMONT AVE</b> <b>EVANSVILLE, IN 47712</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.169 7	<b>Nonpriority creditor's name and mailing address</b> <b>TRIVOLT SYSTEMS &amp; APPLICATIONS INC</b> <b>4491 DES GRANDES PAIRIES</b> <b>MONTREAL</b> <b>QUEBEC H1R1A5</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,093.50</b>
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3.169 8	<b>Nonpriority creditor's name and mailing address</b> <b>TROPPUS SUPPORT S DEL RL DE CV</b> <b>2568 WINDSOR PLACE</b> <b>BROWNSVILLE, TX 78520</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$200.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.169 9	<b>Nonpriority creditor's name and mailing address</b> <b>TRU VUE INC</b> <b>2150 AIRPORT DRIVE</b> <b>FARIBAULT, MN 55021</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.170 0	<b>Nonpriority creditor's name and mailing address</b> <b>TRUDELL TRAILER SALES</b> <b>9600 71ST ST. NE</b> <b>ALBERTVILLE, MN 55301</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.170 1	<b>Nonpriority creditor's name and mailing address</b> <b>TRUSCO MANUFACTURING COMPANY</b> <b>545 NW 68TH AVE</b> <b>OCALA, FL 34482</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.170 2	<b>Nonpriority creditor's name and mailing address</b> <b>TSE</b> <b>203 SHAMROCK DRIVE</b> <b>ARLINGTON, MN 55307</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.170 3	<b>Nonpriority creditor's name and mailing address</b> <b>TSG</b> <b>10 SECOND STREET NE</b> <b>SUITE 214</b> <b>MINNEAPOLIS, MN 55413</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.170 4	<b>Nonpriority creditor's name and mailing address</b> <b>TUTCO INC</b> <b>25069 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1250</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.170 5	<b>Nonpriority creditor's name and mailing address</b> <b>TWF INDUSTRIES INC.</b> <b>2611 CTY RD 45 SW</b> <b>ALEXANDRIA, MN 56308</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.170 6	<b>Nonpriority creditor's name and mailing address</b> <b>TWIN CITIES AIR CLEANING</b> <b>PO BOX 314</b> <b>ALBERTVILLE, MN 55301</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.170 7	<b>Nonpriority creditor's name and mailing address</b> <b>TWIN CITY OPTICAL CO</b> <b>PAYMENT PROCESSING CENTER</b> <b>P.O. BOX 815519</b> <b>DALLAS, TX 75381-5519</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.170 8	<b>Nonpriority creditor's name and mailing address</b> <b>TWIN CITY PLATING</b> <b>641 HOOVER STREET NE</b> <b>MINNEAPOLIS, MN 55413</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.170 9	<b>Nonpriority creditor's name and mailing address</b> <b>TWIN CITY SCALE INC</b> <b>3011 E. 42ND STREET</b> <b>MINNEAPOLIS, MN 55406</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.171 0	<b>Nonpriority creditor's name and mailing address</b> <b>TWIST EASE</b> <b>2112 BROADWAY ST. NE</b> <b>MINNEAPOLIS, MN 55413</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.171 1	<b>Nonpriority creditor's name and mailing address</b> <b>TXG INDUSTRIES INC</b> <b>10893 SHADOW WOOD DR</b> <b>HOUSTON, TX 77043</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.171 2	<b>Nonpriority creditor's name and mailing address</b> <b>UBM CANON LLC</b> <b>25589 NETWORK PLACE</b> <b>CHICAGO, IL 60673</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.171 3	<b>Nonpriority creditor's name and mailing address</b> <b>UHAN PROFESSIONAL SERVICES LLC</b> <b>2 NORTH BROADWAY, PO BOX 1000</b> <b>GILBERT, MN 55741</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.171 4	<b>Nonpriority creditor's name and mailing address</b> <b>UHL COMPANY, INC</b> <b>PO BOX 1575</b> <b>LOCKBOX 1575</b> <b>MINNEAPOLIS, MN 55480-1575</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.171 5	<b>Nonpriority creditor's name and mailing address</b> <b>UL LLC</b> <b>75 REMITTANCE DRIVE</b> <b>SUITE 1524</b> <b>CHICAGO, IL 60675-1524</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,380.00</b>
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3.171 6	<b>Nonpriority creditor's name and mailing address</b> <b>ULINE</b> <b>ATTN: ACCOUNTS RECEIVABLE</b> <b>PO BOX 88741</b> <b>CHICAGO, IL 60680-1741</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$28,590.70</b>
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3.171 7	<b>Nonpriority creditor's name and mailing address</b> <b>ULTRA PLUMBING SERVICES LLC</b> <b>1175 EAGLE STREET</b> <b>OGILVIE, MN 56358</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.171 8	<b>Nonpriority creditor's name and mailing address</b> <b>ULTRATECH INC</b> <b>280 ASCOT PARKWAY</b> <b>CUYAHOGA FALLS, OH 44223</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.171 9	<b>Nonpriority creditor's name and mailing address</b> <b>UNA-DYN</b> <b>11700 SHANNON DIRVE</b> <b>FREDERICKSBURG, VA 22408</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$607.59</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.172 0	<b>Nonpriority creditor's name and mailing address</b> <b>UNDERWRITERS LABORATORIES</b> <b>75 REMITTANCE DRIVE SUITE 1524</b> <b>CHICAGO, IL 60675-1524</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.172 1	<b>Nonpriority creditor's name and mailing address</b> <b>UNIFIED THEORY INC</b> <b>1811 WEIR DRIVE, SUITE 365</b> <b>WOODBURY, MN 55125</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.172 2	<b>Nonpriority creditor's name and mailing address</b> <b>UNIFILTER INCORPORATED</b> <b>1468 S. MANHATTAN AVE.</b> <b>FULLERTON, CA 92831</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.172 3	<b>Nonpriority creditor's name and mailing address</b> <b>UNIFORM COLOR COMPANY</b> <b>942 BROOKS AVENUE</b> <b>HOLLAND, MI 49423</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$712.98</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.172 4	<b>Nonpriority creditor's name and mailing address</b> <b>UNILOY, INC</b> <b>PO BOX 535638</b> <b>ATLANTA, GA 30353-5638</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.172 5	<b>Nonpriority creditor's name and mailing address</b> <b>UNIMATIC INC</b> <b>3501 RALEIGH AVE</b> <b>ST. LOUIS PARK, MN 55416</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.172 6	<b>Nonpriority creditor's name and mailing address</b> <b>UNIQUE TOOL</b> <b>15652 200TH STREET</b> <b>HUTCHINSON, MN 55350</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_

Name

3.172 7	<b>Nonpriority creditor's name and mailing address</b> <b>UNISHIPPERS</b> <b>4225 30TH AVE S</b> <b>MOORHEAD, MN 56560-6024</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.172 8	<b>Nonpriority creditor's name and mailing address</b> <b>UNISORB</b> <b>PO BOX 1000</b> <b>JACKSON, MI 49204-1000</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.172 9	<b>Nonpriority creditor's name and mailing address</b> <b>UNITED ELECTRIC</b> <b>PO BOX 802578</b> <b>CHICAGO, IL 60680-2578</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,531.85</b>
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3.173 0	<b>Nonpriority creditor's name and mailing address</b> <b>UNITED PARCEL SERVICES</b> <b>P.O. BOX 809488</b> <b>CHICAGO, IL 60680-9488</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,947.49</b>
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3.173 1	<b>Nonpriority creditor's name and mailing address</b> <b>UNITED PLASTICS INC</b> <b>1227 GARFIELD AVE</b> <b>FLINT, MI 48505</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.173 2	<b>Nonpriority creditor's name and mailing address</b> <b>UNITED RENTALS</b> <b>301 WEST MABEL STREET</b> <b>MANKATO, MN 56002</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.173 3	<b>Nonpriority creditor's name and mailing address</b> <b>UNITED STANDARDS LAB</b> <b>4250 NICOLLET AVENUE SOUTH</b> <b>MINNEAPOLIS, MN 55409</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,061.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.173 4	<b>Nonpriority creditor's name and mailing address</b> <b>UNITED STATES LIFE INSURANCE</b> <b>P.O. BOX 62104</b> <b>BALTIMORE, MD 21264</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.173 5	<b>Nonpriority creditor's name and mailing address</b> <b>UNITED TRAILER LEASING</b> <b>SDS-12-2757</b> <b>P.O. BOX 86</b> <b>MINNEAPOLIS, MN 55486-2757</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,610.10</b>
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3.173 6	<b>Nonpriority creditor's name and mailing address</b> <b>UNIVER SOLUTIONS USA INC</b> <b>62190 COLLECTIONS CENTER DRIVE</b> <b>CHICAGO, IL 60693-0621</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.173 7	<b>Nonpriority creditor's name and mailing address</b> <b>UNIVERSAL CLEANING SERVICES INC</b> <b>12372 RIVER RIDGE BLVD</b> <b>BURNSVILLE, MN 55337</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.173 8	<b>Nonpriority creditor's name and mailing address</b> <b>UNIVERSAL DYNAMICS INC</b> <b>11700 SHANNON DRIVE</b> <b>FREDERICKSBURG, VA 22408</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$930.56</b>
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3.173 9	<b>Nonpriority creditor's name and mailing address</b> <b>UNIVERSAL FORMATIONS INC</b> <b>3850 WEST HIGHWAY 13</b> <b>BURNSVILLE, MN 55337</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,020.00</b>
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3.174 0	<b>Nonpriority creditor's name and mailing address</b> <b>UNIVERSAL PUNCH CORP.</b> <b>PO BOX 26879</b> <b>SANTA ANA, CA 92799-6879</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_

Name

3.174 1	<b>Nonpriority creditor's name and mailing address</b> <b>UNUM LIFE INSURANCE COMPANY OF AMERICA</b> <b>PO BOX 406990</b> <b>ATLANTA, GA 30384-6990</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.174 2	<b>Nonpriority creditor's name and mailing address</b> <b>UPONOR NORTH AMERICA</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.174 3	<b>Nonpriority creditor's name and mailing address</b> <b>UPS SUPPLY CHAIN SOLUTIONS</b> <b>28013 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1280</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.174 4	<b>Nonpriority creditor's name and mailing address</b> <b>US HEALTH WORKS</b> <b>PO BOX 741707</b> <b>ATLANTA, GA 30374</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.174 5	<b>Nonpriority creditor's name and mailing address</b> <b>US WATER SERVICES INC</b> <b>PO BOX 851361</b> <b>MINNEAPOLIS, MN 55485-1361</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,059.38</b>
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3.174 6	<b>Nonpriority creditor's name and mailing address</b> <b>USF HOLLAND</b> <b>27052 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1270</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$686.25</b>
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3.174 7	<b>Nonpriority creditor's name and mailing address</b> <b>USF SURFACE PREPARATION</b> <b>ABRASIVE SYSTEMS DIVISION</b> <b>900 LUND BOULEVARDLANE N</b> <b>ANOKA GROVE, MN 55303</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.174 8	<b>Nonpriority creditor's name and mailing address</b> <b>USP LUMBER CONNECTORS</b> <b>703 ROGERS DRIVE</b> <b>MONTGOMERY, MN 56069</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.174 9	<b>Nonpriority creditor's name and mailing address</b> <b>UTC FIRE &amp; SECURITY</b> <b>31572 INDUSTRIAL ROAD, SUITE 200</b> <b>LIVONIA, MI 48150-5850</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.175 0	<b>Nonpriority creditor's name and mailing address</b> <b>UTILITIES PLUS ENERGY SERVICE</b> <b>18940 YORK ST NW</b> <b>ELK RIVER, MN 55330</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.175 1	<b>Nonpriority creditor's name and mailing address</b> <b>VALLEY CARTAGE &amp; WAREHOUSE</b> <b>8665 HUDSON BLVD N.</b> <b>STE 100</b> <b>LAKE ELMO, MN 55042</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.175 2	<b>Nonpriority creditor's name and mailing address</b> <b>VALLEY ENTERPRISES</b> <b>SWIFT-SPRTC</b> <b>PO BOX 64835</b> <b>ST. PAUL, MN 55164-0835</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.175 3	<b>Nonpriority creditor's name and mailing address</b> <b>VALSPAR INDUSTRIES USA</b> <b>P.O. BOX 741604</b> <b>ATLANTA, GA 30374-1604</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.175 4	<b>Nonpriority creditor's name and mailing address</b> <b>VALUE PLASTICS</b> <b>PO BOX 911954</b> <b>DENVER, CO 80291-1954</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,860.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.175 5	<b>Nonpriority creditor's name and mailing address</b> <b>VAN PAPER</b> <b>2107 STEWART AVE</b> <b>ST PAUL, MN 55116</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$259.36</b>
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3.175 6	<b>Nonpriority creditor's name and mailing address</b> <b>VANDERPOEL DISPOSAL</b> <b>PO BOX 212</b> <b>MILACA, MN 56353</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.175 7	<b>Nonpriority creditor's name and mailing address</b> <b>VANTEC</b> <b>205 CLOSZ DRIVE</b> <b>P.O. BOX 847</b> <b>WEBSTER CITY, IA 50595-0847</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.175 8	<b>Nonpriority creditor's name and mailing address</b> <b>VARIPHY INC</b> <b>722 OLD JONAS HILL RD</b> <b>LAFAYETTE, CA 94549</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.175 9	<b>Nonpriority creditor's name and mailing address</b> <b>VEDDER PRICE PC</b> <b>ATTN: ACCOUNTS RECEIVABLE</b> <b>222 N LASALLE STREET 24TH FLOOR</b> <b>CHICAGO, IL 60601</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.176 0	<b>Nonpriority creditor's name and mailing address</b> <b>VEITE CRYOGENIC EQUIPMENT</b> <b>PO BOX 39358</b> <b>NORTH RIDGEVILLE, OH 44039</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.176 1	<b>Nonpriority creditor's name and mailing address</b> <b>VELOCITY TELEPHONE</b> <b>656 MENDELSSOHN AVE N</b> <b>GOLDEN VALLEY, MN 55427</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,027.44</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.176 2	<b>Nonpriority creditor's name and mailing address</b> <b>VER-TECH</b> <b>6801 BLECK DRIVE</b> <b>ROCKFORD, MN 55373</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.176 3	<b>Nonpriority creditor's name and mailing address</b> <b>VERITAS TOOLS INC.</b> <b>1080 MORRISON DRIVE</b> <b>OTTAWA, ONTARIO K2H 1C4</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.176 4	<b>Nonpriority creditor's name and mailing address</b> <b>VERITIV CORP</b> <b>7472 COLLECTIONS CENTER DRIVE</b> <b>CHICAGO, IL 60693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$9,094.49</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.176 5	<b>Nonpriority creditor's name and mailing address</b> <b>VERIZON WIRELESS</b> <b>PO BOX 16810</b> <b>NEWARK, NJ 07101-6810</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$3,648.42</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.176 6	<b>Nonpriority creditor's name and mailing address</b> <b>VERNAV LABORATORIES INC</b> <b>2077 CONVENTION CENTER CONCOURSE</b> <b>SUITE 225</b> <b>ATLANTA, GA 30337</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.176 7	<b>Nonpriority creditor's name and mailing address</b> <b>VERSATILE TRANSPORT LLC</b> <b>PO BOX 456</b> <b>BECKER, MN 55308-0456</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.176 8	<b>Nonpriority creditor's name and mailing address</b> <b>VICKIE KADRLIK</b> <b>37460 FIRST AVENUE CT.</b> <b>DENNISON, MN 55018</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.176 9	<b>Nonpriority creditor's name and mailing address</b> <b>VICTOR BYRD</b> <b>2172 NORTONIA AVENUE</b> <b>SAINT PAUL, MN 55119</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.177 0	<b>Nonpriority creditor's name and mailing address</b> <b>VICTORIA ZBYTOVSKY</b> <b>19321 KLONDIKE LOOP</b> <b>GRASSTON, MN 55030</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.177 1	<b>Nonpriority creditor's name and mailing address</b> <b>VICTORY POWER LLC</b> <b>527 PROFESSIONAL DRIVE, #200</b> <b>NORTHFIELD, MN 55057</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.177 2	<b>Nonpriority creditor's name and mailing address</b> <b>VICTREX USA INC</b> <b>PO BOX 409293</b> <b>ATLANTA, GA 30384-9293</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,832.79</b>
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3.177 3	<b>Nonpriority creditor's name and mailing address</b> <b>VIDEOJET TECHNOLOGIES</b> <b>12113 COLLECTION CENTER DR.</b> <b>CHICAGO, IL 60693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.177 4	<b>Nonpriority creditor's name and mailing address</b> <b>VIKING AUTOMATIC SPRINKLER CO</b> <b>PO BOX 74008409</b> <b>CHICAGO, IL 60674-8409</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.177 5	<b>Nonpriority creditor's name and mailing address</b> <b>VIKING ELECTRIC</b> <b>P.O. BOX 856832</b> <b>MINNEAPOLIS, MN 55485-6832</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$573.70</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.177 6	<b>Nonpriority creditor's name and mailing address</b> <b>VIKING FIRE &amp; SAFETY LLC</b> <b>34 MAP DRIVE</b> <b>MANKATO, MN 56001</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.177 7	<b>Nonpriority creditor's name and mailing address</b> <b>VIKING PALLET CORP</b> <b>PO BOX 167</b> <b>OSSEO, MN 55369</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$559.50</b>
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3.177 8	<b>Nonpriority creditor's name and mailing address</b> <b>VISUAL BUSINESS SOLUTIONS</b> <b>6225 OLD MIDDLETON RD</b> <b>MADISON, WI 53705</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$225.00</b>
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3.177 9	<b>Nonpriority creditor's name and mailing address</b> <b>VITRAN EXPRESS</b> <b>PO BOX 633519</b> <b>CINCINNATI, OH 45263-3519</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.178 0	<b>Nonpriority creditor's name and mailing address</b> <b>VOLK TRANSFER INC.</b> <b>2205 7TH AVENUE</b> <b>MANKATO, MN 56001</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.178 1	<b>Nonpriority creditor's name and mailing address</b> <b>VON ESSEN LOCKSMITH SERVICE</b> <b>PO BOX 96</b> <b>ST. PETER, MN 56082</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.178 2	<b>Nonpriority creditor's name and mailing address</b> <b>WAGNER INSTRUMENTS</b> <b>PO BOX 1217</b> <b>GREENWICH, CT 06836-1217</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.178 3	<b>Nonpriority creditor's name and mailing address</b> <b>WALBRO</b> <b>C/O FOLEY &amp; LARDER</b> <b>500 WOODWARD AVE., STE. 2700</b> <b>DETROIT, MI 48226-3489</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$359,419.00</b>
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3.178 4	<b>Nonpriority creditor's name and mailing address</b> <b>WALBRO ENGINE MANAGEMENT</b> <b>6242 GARFIELD</b> <b>CASS CITY, MI 48726</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.178 5	<b>Nonpriority creditor's name and mailing address</b> <b>WALETICH TRANSPORTATION</b> <b>353 EAST INDUSTRIAL STREET</b> <b>PO BOX 99</b> <b>KASOTA, MN 56050</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.178 6	<b>Nonpriority creditor's name and mailing address</b> <b>WALTER HAMMOND</b> <b>4319 W 1ST STREET</b> <b>DULUTH, MN 55807</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.178 7	<b>Nonpriority creditor's name and mailing address</b> <b>WAREHOUSE EQUIPMENT SALES &amp; SERVICES, IN</b> <b>PO BOX 153</b> <b>ANDOVER, MN 55304</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,601.71</b>
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3.178 8	<b>Nonpriority creditor's name and mailing address</b> <b>WARWICK INDUSTRIAL, INC.</b> <b>8204 WEST 125TH STREET</b> <b>SAVAGE, MN 55378</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,627.00</b>
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3.178 9	<b>Nonpriority creditor's name and mailing address</b> <b>WASHINGTON PENN PLASTIC CO INC</b> <b>450 RACETRACK ROAD</b> <b>PO BOX 236</b> <b>WASHINGTON, PA 15301-0236</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$497,808.40</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.179 0	<b>Nonpriority creditor's name and mailing address</b> <b>WASTE MANAGEMENT OF WI-MN</b> <b>PO BOX 4648</b> <b>CAROL STREAM, IL 60197-4648</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,988.93</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.179 1	<b>Nonpriority creditor's name and mailing address</b> <b>WATER CONSERVATION SERVICE</b> <b>6251 WEST SHADOW LK DR</b> <b>LINO LAKES, MN 55014</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.179 2	<b>Nonpriority creditor's name and mailing address</b> <b>WATERLOGIC AMERICAS LLC</b> <b>2495 MAPLEWOOD</b> <b>MAPLEWOOD, MN 55109</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,510.14</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.179 3	<b>Nonpriority creditor's name and mailing address</b> <b>WATERLOO WAREHOUSING &amp; SERVICE CO INC</b> <b>324 DURYEA STREET</b> <b>WATERLOO, IA 50701</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$468.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.179 4	<b>Nonpriority creditor's name and mailing address</b> <b>WAYNE WIRE CLOTH PRODUCTS</b> <b>1858 MOMENTUM PL</b> <b>CHICAGO, IL 60689-5313</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$33,449.09</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.179 5	<b>Nonpriority creditor's name and mailing address</b> <b>WDH MACHINING</b> <b>2664 OLYMPIC ST</b> <b>BROOK PARK, MN 55007</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.179 6	<b>Nonpriority creditor's name and mailing address</b> <b>WELCH PACKAGING</b> <b>24775 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1247</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.179 7	<b>Nonpriority creditor's name and mailing address</b> <b>WELLMAN ADVANCED MATERIALS LLC</b> <b>PO BOX 188</b> <b>JOHNSONVILLE, SC 29555</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,415.00</b>
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3.179 8	<b>Nonpriority creditor's name and mailing address</b> <b>WELLMEI MOLD &amp; PLASTICS INDUSTRIAL (HK)</b> <b>ROOM 1511 15/F HEWLETT CENTRE</b> <b>52-54-HOIYUEN ROAD, KWUN TONG KOWLOON</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.179 9	<b>Nonpriority creditor's name and mailing address</b> <b>WELLS FARGO CORPORATE CREDIT CARD</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.180 0	<b>Nonpriority creditor's name and mailing address</b> <b>WELLS FARGO FINANCIAL LEASING</b> <b>PO BOX 10306</b> <b>DES MOINES, IA 50306-0306</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,537.22</b>
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3.180 1	<b>Nonpriority creditor's name and mailing address</b> <b>WERNER ELECTRIC SUPPLY</b> <b>PO BOX 856890</b> <b>MINNEAPOLIS, MN 55485-6890</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.180 2	<b>Nonpriority creditor's name and mailing address</b> <b>WEST MICHIGAN MOLDING INC</b> <b>1425 AERIAL VIEW DRIVE</b> <b>GRAND HAVEN, MI 49417</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.180 3	<b>Nonpriority creditor's name and mailing address</b> <b>WESTBAY WELDING</b> <b>300 - 15TH AVE. SE</b> <b>WASECA, MN 56093</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.180 4	<b>Nonpriority creditor's name and mailing address</b> <b>WESTERN SPRING MANUFACTURING</b> <b>13153 FENWAY BLVD N</b> <b>HUGO, MN 55038-7467</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.180 5	<b>Nonpriority creditor's name and mailing address</b> <b>WESTFIELD MACHINING</b> <b>N6211 9TH DRIVE</b> <b>WESTFIELD, WI 53964</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,675.00</b>
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3.180 6	<b>Nonpriority creditor's name and mailing address</b> <b>WESTLAND CORP</b> <b>1735 MAIZE ROAD</b> <b>WICHITA, KS 67209</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.180 7	<b>Nonpriority creditor's name and mailing address</b> <b>WHITE TAIL TOOL INC</b> <b>1376 HICKORY STREET</b> <b>OGILVIE, MN 56358</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.180 8	<b>Nonpriority creditor's name and mailing address</b> <b>WICTLE INTERNATIONAL COMPANY</b> <b>FLAT D 25/F., E-TRADE PLAZA</b> <b>24 LEE CHUNG STREET, CHAI WAN</b> <b>HONG KONG SAR</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.180 9	<b>Nonpriority creditor's name and mailing address</b> <b>WILLIAM M GREWE dba MINUTEMAN</b> <b>PRESS</b> <b>8742 LYNDAL AVE. S.</b> <b>BLOOMINGTON, MN 55420</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,689.00</b>
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3.181 0	<b>Nonpriority creditor's name and mailing address</b> <b>WIMACTEL INC.</b> <b>PO BOX 561473</b> <b>DENVER, CO 80256-1473</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.181 1	<b>Nonpriority creditor's name and mailing address</b> <b>WIMAN PLASTICS DIVISION</b> <b>PO BOX 190</b> <b>SAUK RAPIDS, MN 56379</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.181 2	<b>Nonpriority creditor's name and mailing address</b> <b>WISCONSIN DEPT. OF REVENUE</b> <b>BOX 93208</b> <b>MILWAUKEE, WI 53293-0208</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.181 3	<b>Nonpriority creditor's name and mailing address</b> <b>WISCONSIN ENGRAVING CO INC</b> <b>2435 SOUTH 170TH STREET</b> <b>NEW BERLIN, WI 53151</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.181 4	<b>Nonpriority creditor's name and mailing address</b> <b>WITTMANN BATTENFELD INC</b> <b>1 TECHNOLOGY PARK DRIVE</b> <b>TORRINGTON, CT 06790</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,728.53</b>
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3.181 5	<b>Nonpriority creditor's name and mailing address</b> <b>WIZ GRAPHICS LLC</b> <b>1935 CLEVELAND STREET NE</b> <b>MINNEAPOLIS, MN 55418</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.181 6	<b>Nonpriority creditor's name and mailing address</b> <b>WOOJIN PLAIMM, INC.</b> <b>684 PARKRIDGE AVE.</b> <b>NORCO, CA 92860</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.181 7	<b>Nonpriority creditor's name and mailing address</b> <b>WORKZONE LLC</b> <b>16 W. TOWNSHIP LINE RD</b> <b>EAST NORRITON, PA 19401</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>Imperial Plastics, Incorporated</b> <small>Name</small>	Case number (if known) _____
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3.181 8	<b>Nonpriority creditor's name and mailing address</b> <b>WRICO STAMPING</b> <b>2727 NIAGARA LANE N.</b> <b>MINNEAPOLIS, MN 55447-4844</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.181 9	<b>Nonpriority creditor's name and mailing address</b> <b>WURTH ADAMS</b> <b>9485 WINNETKA AVE NORTH</b> <b>BROOKLYN PARK, MN 55445</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$972.69</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.182 0	<b>Nonpriority creditor's name and mailing address</b> <b>WYATT LEHNE</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.182 1	<b>Nonpriority creditor's name and mailing address</b> <b>WYN SANTO</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.182 2	<b>Nonpriority creditor's name and mailing address</b> <b>WYNALDA PACKAGING</b> <b>PO BOX 370</b> <b>8221 GRAPHIC DRIVE</b> <b>BELMONT, MI 49306</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.182 3	<b>Nonpriority creditor's name and mailing address</b> <b>X-CEL OPTICAL</b> <b>806 S. BENTON DR.</b> <b>SAUK RAPIDS, MN 56379</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.182 4	<b>Nonpriority creditor's name and mailing address</b> <b>X-RITE INCORPORATED</b> <b>LOCKBOX 62750</b> <b>62750 COLLECTION CENTER DRIVE</b> <b>CHICAGO, IL 60693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **Imperial Plastics, Incorporated**  
Name

Case number (if known)

3.182 5	<b>Nonpriority creditor's name and mailing address</b> <b>XALOY INC.</b> <b>PO BOX 8541</b> <b>CAROL STREAM, IL 60197-8541</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.182 6	<b>Nonpriority creditor's name and mailing address</b> <b>XCEL ENERGY COMPANY</b> <b>P.O. BOX 9477</b> <b>MINNEAPOLIS, MN 55484-9477</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$34,921.77</b>
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3.182 7	<b>Nonpriority creditor's name and mailing address</b> <b>XPO LOGISTICS INC</b> <b>29559 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1559</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.182 8	<b>Nonpriority creditor's name and mailing address</b> <b>YALE MECHANICAL COMPANY</b> <b>220 WEST 81ST STREET</b> <b>BLOOMINGTON, MN 55420</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.182 9	<b>Nonpriority creditor's name and mailing address</b> <b>YARDLEY PRODUCTS CORP</b> <b>800 HIGH STREET</b> <b>CHESTERTOWN, MD 21620</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,509.90</b>
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3.183 0	<b>Nonpriority creditor's name and mailing address</b> <b>YASKAWA AMERICA INC</b> <b>2121 NORMAN DRIVE SOUTH</b> <b>WAUKEGAN, IL 60085</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.183 1	<b>Nonpriority creditor's name and mailing address</b> <b>YRC FREIGHT</b> <b>P.O. BOX 93151</b> <b>CHICAGO, IL 60673-3151</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_

Name

3.183 2	<b>Nonpriority creditor's name and mailing address</b> <b>YUDO INC</b> <b>PO BOX 675012</b> <b>DETROIT, MI 48267-5012</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,613.00</b>
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3.183 3	<b>Nonpriority creditor's name and mailing address</b> <b>YUSHIN AMERICA</b> <b>35 KENNEY DRIVE</b> <b>CRANSTON, RI 02920</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,089.96</b>
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3.183 4	<b>Nonpriority creditor's name and mailing address</b> <b>ZACHARY PFARR</b> <b>972 IVY HILLS ROAD</b> <b>BELLE PLAINE, MN 56011</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.183 5	<b>Nonpriority creditor's name and mailing address</b> <b>ZATKOFF SEALS &amp; PACKINGS</b> <b>23230 INDUSTRIAL PARK DRIVE</b> <b>FARMINGTON HILLS, MI 48335</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.183 6	<b>Nonpriority creditor's name and mailing address</b> <b>ZENITH CUTTER COMPANY</b> <b>DEPT. #5519</b> <b>PO BOX 1451</b> <b>MILWAUKEE, WI 53201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.183 7	<b>Nonpriority creditor's name and mailing address</b> <b>ZEON CHEMICALS LP</b> <b>7873 SOLUTION CENTER</b> <b>CHICAGO, IL 60677-7008</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.183 8	<b>Nonpriority creditor's name and mailing address</b> <b>ZEP MANUFACTURING CO</b> <b>13237 COLLECTIONS CENTER DRIVE</b> <b>CHICAGO, IL 60693-0132</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$567.24</b>
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Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

3.184 9	<b>Nonpriority creditor's name and mailing address</b> <b>ZEPHYR AUTOMATION LLC</b> <b>375 HICKORY STREET</b> <b>MAHTOMEDI, MN 55115</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.184 0	<b>Nonpriority creditor's name and mailing address</b> <b>ZHEJIANG AB TECHNOLOGY CO., LTD</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,964.27</b>
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3.184 1	<b>Nonpriority creditor's name and mailing address</b> <b>ZHONGSHAN YUEFONG(MAI'S)</b> <b>MANUFACTURE CO.</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.184 2	<b>Nonpriority creditor's name and mailing address</b> <b>ZIEGLER</b> <b>SDS 12-0436, PO BOX 86</b> <b>MINNEAPOLIS, MN 55486-0436</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.184 3	<b>Nonpriority creditor's name and mailing address</b> <b>ZOMAZZ INC</b> <b>2555 GARDEN ROAD SUITE A</b> <b>MONTEREY, CA 93940</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
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**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1 5b. Total claims from Part 2  5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	<table border="0"> <tr> <td colspan="2" style="text-align: right;"><b>Total of claim amounts</b></td> </tr> <tr> <td style="width: 50%;">5a.</td> <td style="text-align: right;">\$ <b>0.00</b></td> </tr> <tr> <td>5b. +</td> <td style="text-align: right;"><b>7,713,404.57</b></td> </tr> <tr> <td>5c.</td> <td style="text-align: right; border: 1px solid black;"><b>\$ 7,713,404.57</b></td> </tr> </table>	<b>Total of claim amounts</b>		5a.	\$ <b>0.00</b>	5b. +	<b>7,713,404.57</b>	5c.	<b>\$ 7,713,404.57</b>
<b>Total of claim amounts</b>									
5a.	\$ <b>0.00</b>								
5b. +	<b>7,713,404.57</b>								
5c.	<b>\$ 7,713,404.57</b>								

Debtor **Imperial Plastics, Incorporated** Case number (if known) \_\_\_\_\_  
Name

**Fill in this information to identify the case:**

Debtor name **Imperial Plastics, Incorporated**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

*Property*

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest **Master Supply Agreement**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**3M  
3M Mobile Int. Sol. Div.  
3M Center, Bldg. 235 1E  
Saint Paul, MN 55144**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Blocked Account Control Agreement, dated June 25, 2019**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Ankura Trust Company, LLC  
140 Sherman Street  
4th Floor  
Fairfield, CT 06824**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Restructuring Agreement, Imperial Plastics, Incorporated and affiliates, and Ankura Trust Company, LLC, dated June 25, 2019**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Ankura Trust Company, LLC  
140 Sherman Street  
4th Floor  
Fairfield, CT 06824**

2.4. State what the contract or lease is for and the nature of the debtor's interest **Senior Subordinated Credit and Security Agreement, Imperial Plastics, Incorporated and affiliates and Ankura Trust Company, LLC, dated as of June 25, 2019**

State the term remaining

**Ankura Trust Company, LLC  
140 Sherman Street  
4th Floor  
Fairfield, CT 06824**

Debtor 1 **Imperial Plastics, Incorporated**

Case number (if known)

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases**

**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract

2.5. State what the contract or lease is for and the nature of the debtor's interest

**Blocked Account Control Agreement, dated June 25, 2019**

State the term remaining

List the contract number of any government contract

**BMO Harris Bank, N.A.  
111 West Monroe Street, 9C  
Chicago, IL 60603**

2.6. State what the contract or lease is for and the nature of the debtor's interest

**Pricing Contract**

State the term remaining

List the contract number of any government contract

**Bosch Automotive Service Sol  
28635 Mount Road  
Warren, MI 48092**

2.7. State what the contract or lease is for and the nature of the debtor's interest

**Manufacturing Agreement**

State the term remaining

List the contract number of any government contract

**Carlisle Food Service Products  
1120 Oakleigh Drive  
Atlanta, GA 30344**

2.8. State what the contract or lease is for and the nature of the debtor's interest

**Building lease in Mankato, MN, listed above, which the company subleases to Subtenant listed here**

State the term remaining

List the contract number of any government contract

**Chase Doors Group Holdings, LL  
11502 Century Blvd.  
Cincinnati, OH 45246**

2.9. State what the contract or lease is for and the nature of the debtor's interest

**Equipment Lease Agreement**

State the term remaining

List the contract number of any government contract

**Cisco Systems Capital CRP  
1111 Old Eagle School Road  
Wayne, PA 19087**

Debtor 1 **Imperial Plastics, Incorporated**

Case number (if known)

First Name

Middle Name

Last Name

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.10. State what the contract or lease is for and the nature of the debtor's interest **Real Estate Purchase Agreement, dated April 7, 2020**

State the term remaining

List the contract number of any government contract

**Commercial Plastics Mora, LLC**  
9600 55th Street  
Kenosha, WI 53144

2.11. State what the contract or lease is for and the nature of the debtor's interest **Inventory Stocking Agreement**

State the term remaining

List the contract number of any government contract

**Deltatech**  
5288 Valley Industrial Blvd. S  
Shakopee, MN 55379

2.12. State what the contract or lease is for and the nature of the debtor's interest **Tooling Equipment/Bailment Agreement**

State the term remaining

List the contract number of any government contract

**Donaldson Company, Inc.**  
Global Sourcing  
P.O. Box 1299  
Minneapolis, MN 55440-1299

2.13. State what the contract or lease is for and the nature of the debtor's interest **Supply Agreement**

State the term remaining

List the contract number of any government contract

**Federal Cartridge Company**  
900 Ehlen Dr  
Anoka, MN 55303

2.14. State what the contract or lease is for and the nature of the debtor's interest **Lease Termination Agreement, dated April 7, 2020**

State the term remaining

List the contract number of any government contract

**Fulford Group, LLC**

2.15. State what the contract or lease is for and the nature of the debtor's interest **Contract Manufacturing Strategic Supplier Alliance Agreement**

State the term remaining

List the contract number of any

**GE Healthcare**  
8200 W Tower Ave  
Milwaukee, WI 53223



Debtor 1 **Imperial Plastics, Incorporated**

Case number (if known)

First Name

Middle Name

Last Name

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.16. State what the contract or lease is for and the nature of the debtor's interest **Equipment Lease Agreement**

State the term remaining

List the contract number of any government contract

**Great American Financial Services Corp.  
625 First Street  
Cedar Rapids, IA 52401**

2.17. State what the contract or lease is for and the nature of the debtor's interest **Purchase Agreement**

State the term remaining

List the contract number of any government contract

**Hach  
5600 Lindbergh Dr  
Loveland, CO 80539**

2.18. State what the contract or lease is for and the nature of the debtor's interest **Amended and Restated Employment and Non-Competition Agreement, Imperial Plastics, Incorporated and John A. Thomas, dated June 25, 2019**

State the term remaining

List the contract number of any government contract

**John A. Thomas  
14233 Wild Wings Ct.  
Minnetonka, MN 55345**

2.19. State what the contract or lease is for and the nature of the debtor's interest **Blocked Account Control Agreement, dated June 25, 2019**

State the term remaining

List the contract number of any government contract

**Midcap Financial IV Trust  
(as agent)  
7255 Woodmount Avenue, Ste 200  
Bethesda, MD 20814**

2.20. State what the contract or lease is for and the nature of the debtor's interest **Credit and Security Agreement, dated as of June 2019 (as amended) and related agreements (as amended)**

State the term remaining

List the contract number of any government contract

**MidCap Funding IV Trust  
(as agent)  
7255 Woodmount Avenue, Ste 200  
Bethesda, MD 20814**

Debtor 1 **Imperial Plastics, Incorporated**

Case number (if known)

First Name

Middle Name

Last Name

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.21. State what the contract or lease is for and the nature of the debtor's interest **Voluntary Surrender Agreement, dated April 7, 2020**

State the term remaining

List the contract number of any government contract

**MidCap Funding IV Trust  
(as agent)  
7255 Woodmount Avenue, Ste 200  
Bethesda, MD 20814**

2.22. State what the contract or lease is for and the nature of the debtor's interest **Contract for Safety services**

State the term remaining

List the contract number of any government contract

**OECS  
1000 Shelard Parkway, Ste. 140  
Minneapolis, MN 55426**

2.23. State what the contract or lease is for and the nature of the debtor's interest **Supplier Agreement**

State the term remaining

List the contract number of any government contract

**Pentair Technical Products  
2100 Hoffman Way  
Anoka, MN 55303**

2.24. State what the contract or lease is for and the nature of the debtor's interest **Confidential Disclosure Agreement**

State the term remaining

List the contract number of any government contract

**Polaris Industries, Inc.  
2100 North Highway 55  
Hamel, MN 55340**

2.25. State what the contract or lease is for and the nature of the debtor's interest **Master Supply Agreement**

State the term remaining

List the contract number of any government contract

**Polaris Industries, Inc.  
2100 North Highway 55  
Hamel, MN 55340**

2.26. State what the contract or lease is for and the nature of the debtor's interest **Addendum to Master Supply Agreement**

State the term remaining

**Polaris Industries, Inc.  
2100 North Highway 55  
Hamel, MN 55340**

Debtor 1 **Imperial Plastics, Incorporated**

Case number (if known)

First Name

Middle Name

Last Name

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract

2.27. State what the contract or lease is for and the nature of the debtor's interest **Building lease in Mankato, MN**

State the term remaining

List the contract number of any government contract

**Robert Lunieski  
R2H Country Village, LLC  
7645 Lyndale Ave. S., Ste. 250  
Minneapolis, MN 55423**

2.28. State what the contract or lease is for and the nature of the debtor's interest **Consulting Service Agreement**

State the term remaining

List the contract number of any government contract

**RSG Restructuring Advisors LLC  
12400 Coit Road  
Ste 900  
Dallas, TX 75251**

2.29. State what the contract or lease is for and the nature of the debtor's interest **Equipment Lease Agreement**

State the term remaining

List the contract number of any government contract

**U.S. Bank Equipment Finance  
1310 Madrid Street  
Marshall, MN 56258**

2.30. State what the contract or lease is for and the nature of the debtor's interest **Building Lease Agreement in Mankato dated July 19, 2013 between Victory Power, LLC and Imperial Plastics, Incorporated; Victory Power, LLC**

State the term remaining

List the contract number of any government contract

**Victory Power, LLC  
527 Professional Drive  
Suite 200  
Northfield, MN 55057**

2.31. State what the contract or lease is for and the nature of the debtor's interest **Inventory Stocking Agreement**

State the term remaining

List the contract number of any government contract

**Walbro Engine Management  
6242 Garfield Ave  
Cass City, MI 48726**

Debtor 1 **Imperial Plastics, Incorporated**

First Name

Middle Name

Last Name

Case number (if known)

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.32. State what the contract or lease is for and the nature of the debtor's interest **Long Term Purchasing Agreement**

State the term remaining

List the contract number of any government contract

**Walbro LLC**  
**2015 West Rive Road, Ste. 202**  
**Tucson, AZ 85704**

- 2.33. State what the contract or lease is for and the nature of the debtor's interest **Equipment Lease Agreement**

State the term remaining

List the contract number of any government contract

**Wells Fargo Financial Leasing Inc.**  
**800 Walnut St., MAC N005-044**  
**Des Moines, IA 50309**

**Fill in this information to identify the case:**

Debtor name Imperial Plastics, Incorporated

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Codebtor*

*Column 2: Creditor*

**Name**

**Mailing Address**

**Name**

*Check all schedules that apply:*

2.1	Engineered Polymers Corp.	c/o Ballard Spahr LLP 2000 IDS Center, 80 S. 8th St. Minneapolis, MN 55402 formerly located at 21400 Hamburg Avenue Lakeville, MN 55044-8993	Ankura Trust Company, LLC	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.2	Engineered Polymers Corp.	c/o Ballard Spahr LLP 2000 IDS Center, 80 S. 8th St. Minneapolis, MN 55402 formerly located at 21400 Hamburg Avenue Lakeville, MN 55044-8993	MidCap Funding IV Trust	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.3	GBR Holding Corp.	c/o Ballard Spahr LLP 2000 IDS Center, 80 S. 8th St. Minneapolis, MN 55402 formerly located at 21400 Hamburg Avenue Lakeville, MN 55044-8993	Ankura Trust Company, LLC	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor **Imperial Plastics, Incorporated**

Case number (if known)

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.4	GBR Holding Corp.	c/o Ballard Spahr LLP 2000 IDS Center, 80 S. 8th St. Minneapolis, MN 55402 formerly located at 21400 Hamburg Avenue Lakeville, MN 55044-8993	MidCap Funding IV Trust	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.5	Integrated Manufacturing Compa	c/o Ballard Spahr LLP 2000 IDS Center, 80 S. 8th St. Minneapolis, MN 55402 formerly located at 21400 Hamburg Avenue Lakeville, MN 55044-8993	Ankura Trust Company, LLC	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.6	Integrated Manufacturing Compa	c/o Ballard Spahr LLP 2000 IDS Center, 80 S. 8th St. Minneapolis, MN 55402 formerly located at 21400 Hamburg Avenue Lakeville, MN 55044-8993	MidCap Funding IV Trust	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.7	Integrated Products, Inc.	c/o Ballard Spahr LLP 2000 IDS Center, 80 S. 8th St. Minneapolis, MN 55402 formerly located at 21400 Hamburg Avenue Lakeville, MN 55044-8993	Ankura Trust Company, LLC	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.8	Integrated Products, Inc.	c/o Ballard Spahr LLP 2000 IDS Center, 80 S. 8th St. Minneapolis, MN 55402 formerly located at 21400 Hamburg Avenue Lakeville, MN 55044-8993	MidCap Funding IV Trust	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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**Fill in this information to identify the case:**

Debtor name Imperial Plastics, Incorporated

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

☐ None.

**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**

**From the beginning of the fiscal year to filing date:**  
From 1/01/2020 to **Filing Date**

**Sources of revenue**  
Check all that apply

☒ Operating a business

☐ Other \_\_\_\_\_

**Gross revenue**  
(before deductions and exclusions)

\$16,040,061.00

**For prior year:**  
From 1/01/2019 to 12/31/2019

☒ Operating a business

☐ Other \_\_\_\_\_

\$68,396,827.00

**For year before that:**  
From 1/01/2018 to 12/31/2018

☒ Operating a business

☐ Other \_\_\_\_\_

\$77,353,318.00

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

**Creditor's Name and Address**

**Dates**

**Total amount of value**

**Reasons for payment or transfer**  
*Check all that apply*

Debtor **Imperial Plastics, Incorporated**

Case number (if known) \_\_\_\_\_

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <b>See attached Addendum</b>	<b>See attached Addendum</b>	<b>\$0.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other _____

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
<b>Midcap Financial Services, LLC</b> <b>7255 Woodmount Avenue</b> <b>Sutie 200</b> <b>Bethesda, MD 20814</b>	<b>Substantially all personal property assets</b>	<b>04/07/2020</b>	<b>\$17,391,664.18</b>

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
<b>Search America, Inc.</b> <b>P.O. Box 53580, Dept. 23</b> <b>Phoenix, AZ 85072-3580</b>	<b>Garnishment</b> Last 4 digits of account number: <u>8768</u>	<b>5-27-20</b>	<b>\$28,889.24</b>
<b>Masterson Staffing Solutions</b> <b>3300 Fernbrook Lane, Suite 200</b> <b>Minneapolis, MN 55447</b>	<b>Garnishment</b> Last 4 digits of account number: <u>8768</u>	<b>6-23-20</b>	<b>\$90,165.02</b>
<b>Atlas Staffing Inc.</b> <b>c/o Robert J. Bruno, Ltd.</b> <b>107 Professional Plaza</b> <b>1601 East Highway 13</b> <b>Burnsville, MN 55337</b>	<b>Garnishment</b> Last 4 digits of account number: <u>8768</u>	<b>8-10-20</b>	<b>\$41,114.80</b>
<b>TBD</b>	<b>Garnishment</b> Last 4 digits of account number: <u>8768</u>	<b>7-24-20</b>	<b>\$149,077.74</b>

**Part 3: Legal Actions or Assignments**



Debtor **Imperial Plastics, Incorporated**

Case number (if known)

**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	<b>Search America, Inc., Etc., PLTF. vs. Imperial Plastics, Incorporated, Etc., Et Al., DFTS CV2019097396</b>	<b>Claim filed for unpaid services fees associated with recruiting an employee on behalf of the company</b>	<b>Maricopa County Superior Court, AZ Office of the Clerk of the Superior Cour 201 West Jefferson Street Phoenix, AZ 85003-2205</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.2.	<b>Robert Lunieski, R2H Country Village, LLC and 316 Mankato, LLC vs Imperial Plastics, Inc. Not assigned yet</b>	<b>Notice of breach of Long-Term Purchasing Agreement ("LTA") delivered to company by Walbro. Agreement requires company to supply covered products to Walbro.</b>	<b>State of Minnesota District Court Fifth Judicial District County of Blue Earth 11 Civic Center Plaza, Ste. 205 Mankato, MN 56001</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	<b>Masterson Personnel, Inc. v. Imperial Plastics, Inc. 19HA-CV-20-2297</b>	<b>Garnishment/Exec ution</b>	<b>State of Minnesota District Court First Judicial District 1620 S. Frontage Road Suite 200 Hastings, MN 55033</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4.	<b>Capital One Bank (USA), N.A. v. Imperial Plastics 69DU-CV-13-2466</b>	<b>Collection</b>	<b>State of Minnesota District Court First Judicial District 1620 S. Frontage Road Suite 200 Hastings, MN 55033</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.5.	<b>Starfield Companies, LLC v. Imperial Plastics, Incorporated 19HA-CV-20-2182</b>	<b>Collection</b>	<b>State of Minnesota District Court Dakota County District Court 1560 Highway 55 Hastings, MN 55033</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.6.	<b>Ronan Industries, Inc. LACV140217</b>	<b>Collection</b>	<b>Iowa District Court 316 E. 5th Street Waterloo, IA 50703</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.7.	<b>Atlas Staffing, Inc. v. Imperial Plastics, Incorporated 19HA-CV-20-2665</b>	<b>Garnishment</b>	<b>State of Minnesota District Court First Judicial District 1620 S. Frontage Road Suite 200 Hastings, MN 55033</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor **Imperial Plastics, Incorporated**

Case number (if known) \_\_\_\_\_

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
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**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Ballard Spahr, LLP 2000 IDS Center, 80 South Eighth Street Minneapolis, MN 55402	Fees paid in exchange for debt guidance, winddown, foreclosure matters, litigation, debtor-creditor matter, asset disposition issues, bankruptcy relief and support.	4-30-20	See addendum
Email or website address <u>www.ballardspahr.com</u>			
Who made the payment, if not debtor?			

Debtor **Imperial Plastics, Incorporated**

Case number (if known)

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.2.	<b>RSG Restructuring Advisors, LLC</b> 8333 Douglas Avenue Suite 1200 Dallas, TX 75225	Fees paid in exchange for debt guidance, winddown, foreclosure matters, litigation, debtor-creditor matter, asset disposition issues, bankruptcy relief and support.		See addendum
	Email or website address <b>www.riverbendssg.com</b>			
	Who made the payment, if not debtor?			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

	Address	Dates of occupancy From-To
14.1.	<b>Room 1311, Peninsula Business Center</b> No. 93 Guangyuan Road Shilong Town Dongguan, China	<b>October 9th, 2011 to October 1st, 2018</b>
14.2.	<b>21320 Hamburg Avenue</b> Lakeville, MN 55044	

**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Debtor **Imperial Plastics, Incorporated**

Case number (if known)

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

**Part 9: Personally Identifiable Information**

16. Does the debtor collect and retain personally identifiable information of customers?

- ☒ No.  
☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.  
☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.

☒ Yes. Fill in below:

Name of plan

**Imperial Plastics Incorporated Retirement Savings Plan**

Employer identification number of the plan

EIN: **373539-01**

Has the plan been terminated?

- ☐ No  
☒ Yes

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. <b>BMO Harris Bank 115 S. LaSalle Street, 4W Chicago, IL 60603</b>	<b>XXXX-7703</b>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input checked="" type="checkbox"/> Other	<b>XX/XX/2020</b>	<b>\$0.00</b>

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

Debtor **Imperial Plastics, Incorporated**

Case number (if known)

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
Iron Mountain 9450 W. Bloomington Fwy Minneapolis, MN 55431	None	Believed to be accounting and shipping records	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**

**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No.  
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**Part 13: Details About the Debtor's Business or Connections to Any Business**

**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Debtor **Imperial Plastics, Incorporated**

Case number (if known)

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. <b>GBR Holdings Corp. 21400 Hamburg Avenue Lakeville, MN 55044</b>	<b>GBR Holding Corp. is a holding company that owns Engineered Polymers, Incorporated, a manufacturer of plastic injection molded parts</b>	<b>Dates business existed</b> <b>EIN: 43-1935442</b> <b>From-To 7-31-20001 to present</b>
25.2. <b>Engineered Polymers Corp. 21400 Hamburg Avenue Lakeville, MN 55044</b>	<b>Manufacturer of plastic injection molded parts</b>	<b>EIN: 41-1662462</b> <b>From-To 2/21/1990 to present</b>

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
26a.1. <b>Philip Holz 21400 Hamburg Ave. Lakeville, MN 55044-8993</b>	<b>Approximately August of 2015 to January 4th, 2019</b>
26a.2. <b>John Thomas 21400 Hamburg Avenue Lakeville, MN 55044</b>	<b>7/23/2018 to 04/30/2020</b>

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
26b.1. <b>RSM US LLP 801 Nicollet Mall West Tower, Suite 1100 Minneapolis, MN 55402</b>	<b>Approximately 2006 through 2020</b>

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. <b>Iron Mountain 9450 W. Bloomington Fwy Minneapolis, MN 55431</b>	<b>It is known that the company has records stored at this location. However, the exact nature, content and volume of these records is unknown. They are believed to be shipping and accounting records.</b>

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Debtor **Imperial Plastics, Incorporated**

Case number (if known) \_\_\_\_\_

**Name and address**

26d.1. **American General Life Insurance Company**  
**c/o AIG Asset Management**  
**2929 Allen Parkway**  
**A36-04**  
**Houston, TX 77019-2155**

26d.2. **The Variable Annuity Life Insurance Comp**  
**c/o AIG Asset Management**  
**2929 Allen Parkway**  
**A36-04**  
**Houston, TX 77019-2155**

26d.3. **Lexington Insurance Company**  
**c/o AIG Asset Management**  
**2929 Allen Parkway**  
**A36-04**  
**Houston, TX 77019-2155**

26d.4. **Trailhead Fund Limited Partnership**  
**90 South 7th Street**  
**Suite 3700**  
**Minneapolis, MN 55402-4198**

26d.5. **Armory Capital- Imperial, LLC**  
**100 West University Avenue**  
**4th Floor**  
**Champaign, IL 61820**

26d.6. **Oberto Industries, LLC**  
**701 Baneberry Court**  
**Northfield, MN 55057**

26d.7. **Rolco Inc.**  
**11587 Jacobs Road**  
**Orr, MN 55771**

26d.8. **BMO Harris Bank**  
**115 LaSalle Street**  
**4W**  
**Chicago, IL 60603**

26d.9. **Midcap Financial Services, LLC**  
**7255 Woodmount Avenue**  
**Sutie 200**  
**Bethesda, MD 20814**

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No

☒ Yes. Give the details about the two most recent inventories.

Debtor **Imperial Plastics, Incorporated**

Case number (if known)

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1	RSM US LLP	12/20/2019 (Mora site) 12/30/2019 (Lakeville site)	\$11,034,285.77 (est. based on 12/29/2019 inventory scorecard; cost basis)

Name and address of the person who has possession of inventory records

Zach Pfarr  
21400 Hamburg Avenue  
Lakeville, MN 55044

27.2	Chesapeake Collateral Consulting, Inc.	12/17/2019	\$11,425,871.63 (est. based on 12/8/2019 inventory scorecard; cost basis)
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Name and address of the person who has possession of inventory records

Susan Prenger  
806 Frederick Road  
Suite A  
Catonsville, MD 21228

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Harvey Tepner	11 Fifth Avenue New York, NY 10030	Chairman of the Board	None
Name	Address	Position and nature of any interest	% of interest, if any
Marcy Lyons	21400 Hamburg Ave Lakeville, MN 55044	Board of Directors - Member	None
Name	Address	Position and nature of any interest	% of interest, if any
Nicholas Scarsella	5486 Fairchild Road Crestview, FL 32539	Board of Directors - Member	None
Name	Address	Position and nature of any interest	% of interest, if any
Jeff Mizrahi	11 Halsey Farm Drive Southampton, NY 11968	Board of Directors - Member	None
Name	Address	Position and nature of any interest	% of interest, if any
Joseph Heinen	21400 Hamburg Ave Lakeville, MN 55044	Board of Directors - Member	None
Name	Address	Position and nature of any interest	% of interest, if any
Timothy Hassenger	21400 Hamburg Ave Lakeville, MN 55044	Chief Restructuring Officer	None
Name	Address	Position and nature of any interest	% of interest, if any
John Thomas	15233 Wild Wings Ct Minnetonka, MN 55345	Chief Financial Officer	None



Debtor **Imperial Plastics, Incorporated**

Case number (if known) \_\_\_\_\_

Name	Address	Position and nature of any interest	% of interest, if any
American General Life Insurance Company	c/o AIG Asset Management 2929 Allen Parkway, A36-04 Houston, TX 77019-2155	Shareholder	None
The Variable Annuity Life Insurance Co.	c/o AIG Asset Management 2929 Allen Parkway, A36-04 Houston, TX 77019-2155	Shareholder	None
Lexington Insurance Company	c/o AIG Asset Management 2929 Allen Parkway, A36-04 Houston, TX 77019-2155	Shareholder	None
Trailhead Fund Limited Partnership	90 South 7th Street, Suite 3700 Minneapolis, MN 55402-4198	Shareholder	None
Armory Capital-Imperial, LLC	100 West University Avenue 4th Floor Champaign, IL 61820	Shareholder	None
Oberto Industries, LLC	701 Baneberry Court Northfield, MN 55057	Shareholder	None

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No  
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Rankin Ahlm, Jr.	21400 Hamburg Ave Lakeville, MN 55044	Chief Executive Officer	July 9th, 2018 to January 25th, 2020
Joseph Heinen	21400 Hamburg Avenue Lakeville, MN 55044	Board Member - Former	Approximately 2014 through May, 2020

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No  
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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Debtor **Imperial Plastics, Incorporated**

Case number (if known)

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Harvey Tepner 11 Fifth Avenue New York, NY 10003	\$2,781.75 Expense Reimbursement \$60,000.00 2019 Board Fees \$116.25 Expense Reimbursement \$10,000.00 January 2020 Board Fees \$10,000.00 February Board Fees \$10,000.00 March Board Fees \$10,000.00 April Board Fees \$10,000.00 May Board Fees	11/12/2019 11/12/2019 01/02/2020 01/22/2020 02/06/2020 03/11/2020 03/31/2020 04/15/2020	See descriptions with payment value
	Relationship to debtor Board Chairman			
30.2	Nicholas Scarsella 5486 Fairchild Road Crestview, FL 32539	\$37,500.00 2019 Board Fees \$6,250.00 January 2020 Board Fees \$6,250.00 February 2020 Board Fees \$6,250.00 March 2020 Board Fees \$6,250.00 April 2020 Board Fees \$7,500.00 May 2020 Board Fees	11/12/2019 02/04/2020 02/04/2020 03/09/2020 04/01/2020 04/15/2020	See descriptions with payment value
	Relationship to debtor Board Members			
30.3	Jeff Mizrahi MFG Partners 11 Halsey Farm Drive Southampton, NY 11968	\$37,500.00 2019 Board Fees \$1,553.65 Expense Reimbursement \$6,250.00 January 2020 Board Fees \$6,250.00 February 2020 Board Fees \$6,250.00 March 2020 Board Fees \$6,250.00 April 2020 Board Fees \$7,500.00 May 2020 Board Fees	11/13/2019 10/25/2019 01/22/2020 02/04/2020 03/09/2020 04/01/2020 04/15/2020	See descriptions with payment value
	Relationship to debtor Board Member			
30.4	John Thomas 21400 Hamburg Avenue Lakeville, MN 55044	\$44,000.00 \$22,000.00 \$22,000.00 \$88,000.00	02/04/2020 02/14/2020 02/19/2020 04/13/2020	Payment pursuant to employment
	Relationship to debtor			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☐ No  
☒ Yes. Identify below.

Name of the parent corporation

Integrated Manufacturing Companies, Inc.

Employer Identification number of the parent corporation

EIN: 41-1981862

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the parent corporation

Debtor Imperial Plastics, Incorporated

Case number (if known) \_\_\_\_\_

**Part 14: Signature and Declaration**

**WARNING** — Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

8/20/2020

Signature of individual signing on behalf of the debtor

Timothy Hassenger  
Printed name

Position or relationship to debtor Chief Restructuring Officer

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☐ Yes

☒ No

LOCAL FORM 1007-1  
REVISED 06/16

**United States Bankruptcy Court  
District of Minnesota**

In re **Imperial Plastics, Incorporated**

Debtor(s)

Case No.

Chapter

**7**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal Services, I have agreed to accept .....	\$	<b>15,335.00</b>
Prior to the filing of this statement I have received .....	\$	<b>15,335.00</b>
Balance Due .....	\$	<b>0.00</b>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of the compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people or entities sharing in the compensation, is attached.

5. In return for the above-disclosed fee, together with such further fee, if any, as is provided in the written contract required by 11 U.S.C. §528(a)(1), I have agreed to render legal service for all aspects of the bankruptcy case, including:

A. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

B. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

C. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

D. Representation of the debtor in contested bankruptcy matters; and

E. Other services reasonably necessary to represent the debtor(s).

6. Pursuant to Local Rules 1007-1 and 1007-3-1, I have advised the debtor of the requirements in the Statement of Financial Affairs to disclose all payments made, or property transferred, by or on behalf of the debtor to any person, including attorneys, for consultation concerning debt consolidation or reorganization, relief under bankruptcy law, or preparation of a petition in bankruptcy. I have reviewed the debtor's disclosures and they are accurate and complete to the best of my knowledge.

**CERTIFICATION**

LOCAL FORM 1007-1  
REVISED 06/16

I certify that the foregoing, together with the written contract required by 11 U.S.C. §528(a)(1), is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy case.

Dated: 08/20/2020

Signature of Attorney  
/s/ George H. Singer

**George H. Singer**

**United States Bankruptcy Court  
District of Minnesota**

In re **Imperial Plastics, Incorporated**

Debtor(s)

Case No.  
Chapter


**7**

**VERIFICATION OF CREDITOR MATRIX**

I, the Chief Restructuring Officer of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date:

8/20/2020

  
Timothy Hassenger/Chief Restructuring Officer  
Signer/Title

**United States Bankruptcy Court  
District of Minnesota**

In re **Imperial Plastics, Incorporated**

Debtor(s)

Case No.

Chapter

**7**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Imperial Plastics, Incorporated** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

**Integrated Manufacturing Co.  
c/o Ballard Spahr LLP  
2000 IDS Center, 80 S. 8th St.  
Minneapolis, MN 55402**

☐ None [*Check if applicable*]

08/20/2020

Date

/s/ George H. Singer

**George H. Singer**

Signature of Attorney or Litigant

Counsel for **Imperial Plastics, Incorporated**

**Ballard Spahr LLP**

**2000 IDS Center, 80 S. 8th St.**

**Minneapolis, MN 55402**

**(612) 371-3211 Fax:(612) 371-3207**

**singerg@ballardspahr.com**

**Addendum to SOFA**

**Schedule A/B: Assets – Real and Personal Property**

**Part 2: Question 7. Deposits and Prepayments**

**PREPAYMENTS**

INFOR (software licensing)	\$107,417.07
Cisco	\$25,878.07
Salesforce.Com (software licensing)	\$22,472.92
Compudyne (network service)	\$11,772.31
Maintenance Reseller Corporation	\$8,963.64
Hawk Ridge Systems	\$6,359.86
Coordinated	\$5,182.76
M3V Software	\$4,328.92
Compudyne	\$3,669.48
Innovmetric Software	\$2,650.56
Autodesk	\$2,327.50
SmartDraw	\$1,526.25
Progressive Component	\$1,350.00
P2 Power LLC	\$849.44
Herc-U-Lift Forklift rental	\$814.00
Heartland	\$184.55
RSG Restructuring Advisors, LLC	6,937.50
J. Warfield	\$900.00
J. Thomas	\$900.00
<b>TOTAL</b>	<b>\$214,484.83</b>



### **DEPOSITS**

Ballard Spahr LLP	\$3,967.98
RSG Restructuring Advisors, LLC	\$23,695.01

### **Part 9: Personally Identifiable Information**

#### **Question 17. Imperial Plastics Incorporated Retirement Savings Plan**

The Debtor its professionals have taken steps to terminate the Plan in June, 2020 and is required to file a Form 5500 and related steps to finally terminate Plan including an audit performed by independent accountants.

### **Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

#### **Question 3. Certain payments or transfers to creditors within 90 days before filing this case (summary of BMO bank account activity)**

<b>Date</b>	<b>Beneficiary</b>	<b>\$ Amount</b>
5/18/20	Delta Dental - Direct Debit	\$1,906.49
5/21/20	Delta Dental - Direct Debit	\$1,758.35
5/22/20	BMO Bank Fees - Account Charge	\$3,563.75
5/27/20	"Forced Check" - Search America Garnishment	\$28,889.24
5/27/20	BMO Legal Doc Process Fee	\$100.00
6/1/20	Delta Dental - Direct Debit	\$116.10
6/2/20	RSM 401k Audit Fees - Wire	\$21,000.00
6/8/20	One Beacon Insurance - Direct Debit	\$15,960.75
6/8/20	ADP Payroll Services - Direct Credit	(\$25.00)
6/12/20	ADP Payroll Services - Direct Debit	\$469.80
6/12/20	ADP Payroll Services - Direct Debit	\$19.80
6/22/20	BMO Bank Fees - Account Charge	\$2,471.19
6/23/20	"Forced Check" - Masterson Staffing Garnishment	\$90,165.02
7/6/20	ADP Payroll Services - Direct Credit	(\$50.00)
7/20/20	SLOC Group Outsource - Direct Credit	(\$1,158.01)
7/22/20	BMO Bank Fees - Account Charge	\$2,112.56
7/24/20	"Forced Check" - Lunieski and R2H	\$149,077.74
7/24/20	BMO Legal Doc Process Fee	\$100.00
7/27/20	Deposit - SFM Work Comp Premium Refund	(\$69,106.00)
8/10/20	"Forced Check" - Party TBD	\$45,226.28
8/10/20	BMO Legal Doc Process Fee	\$100.00

### **Question 11. Payments**

RSG Restructuring Advisors, LLC (“RSG”) and Ballard Spahr LLP (“Ballard”) were retained to assist the Debtor and its affiliated entities in connection with various matters that included advice, work and services relating to a wind down of the Debtor and its affiliated entities, default and foreclosure issues and matters in connection with obligations owed to secured and unsecured creditors, litigation issues, collection proceedings, employee issues, general corporate issues, corporate governance matters, bankruptcy relief and business support. Without limiting the foregoing, services included work and the retention of professionals to finalize accounting functions, termination of employees and migration of employees to COBRA, and termination of the Debtor’s 401(k) plan. On or about April 16, 2020 and April 30, 2020, RSG and Ballard received retainers approved by the board of directors in the amount of \$144,300 and \$50,000, respectively, and incurred fees and costs in connection with these matters as well as matters relating to bankruptcy.